

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11628

FILED
Apr 29, 2008
Secretary of State

Entity Name: MEDIPHARMA (DISC), INC.

Current Principal Place of Business:

2001 SW 27 AVENUE
MIAMI, FL 331452540

New Principal Place of Business:

Current Mailing Address:

C/O IVAN A GOMEZ, P.A.
601 BRICKELL KEY DRIVE, SUITE 507
MIAMI, FL 331312623

New Mailing Address:

FEI Number: 59-2178318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IAG CORPORATE SERVICES, INC.
601 BRICKELL KEY DRIVE, SUITE 507
MIAMI, FL 331312623 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIBLESZ, CARLOS M
Address: 2001 SW 27 AVENUE
City-St-Zip: MIAMI, FL 331452540

Title: VPD () Delete
Name: SIBLESZ, MAGALI A
Address: 2001 SW 27 AVENUE
City-St-Zip: MIAMI, FL 331452540

Title: VPTD () Delete
Name: SIBLESZ, GEORGE L
Address: 2001 SW 27 AVENUE
City-St-Zip: MIAMI, FL 331452540

Title: S () Delete
Name: SIBLESZ, ANA M
Address: 6053 SEACREST VIEW RD.
City-St-Zip: SAN DIEGO, CA 92121

Title: AS () Delete
Name: SIBLESZ, MARILYN E
Address: 2001 SW 27 AVENUE
City-St-Zip: MIAMI, FL 331452540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SIBLESZ, ANA M
Address: 6053 SEACREST VIEW ROAD
City-St-Zip: SAN DIEGO, CA 92121

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS M SIBLESZ

PD

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date