2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004
Secretary of State

DOCUMENT# K55841

Entity Name: MAXMED, INC.

Current Principal Place of Business:

15271 NW 60TH AVE
STE 102
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

5769 NW 151 STREET
MIAMI LAKES, FL 33014 US

Current Mailing Address:

15271 NW 60TH AVE
STE 102
MIAMI LAKES, FL 33014 US

New Mailing Address:

5769 NW 151 STREET
MIAMI LAKES, FL 33014 US

FEI Number: 65-0096128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PUENTE, IDALIA
15271 NW 60 AVE.
STE 102
MIAMI LAKES, FL 33014

Name and Address of New Registered Agent:

IDALIA PUENTE
5769 NW 151 STREET
MIAMI LAKES, FL 33014 US

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: IDALIA PUENTE 02/25/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PUENTE, IDALIA
Address: 8230 NW 165TH TERR
City-St-Zip: MIAMI, FL 33016

Title: D ( ) Delete
Name: BUZNEGO, MARIA ELENA,
Address: 7520 LOCHNESS DR
City-St-Zip: MIAMI LKS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BUZNEGO, MARIA ELENA,
Address: 7520 LOCHNESS DR
City-St-Zip: MIAMI LKS, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: IDALIA PUENTE PD 02/25/2004
Electronic Signature of Signing Officer or Director Date