

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90040 045 ****50.00

DOCUMENT # L03000039459
 1. Entity Name
MEDI AGENCY LLC



Principal Place of Business: **7921 SW 110TH TERR MIAMI FL 33156**
 Mailing Address: **7921 SW 110TH TERR MIAMI FL 33156**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent
ARGOMANIZ, ALBERTO E
8055 SW 86TH TERRACE
MIAMI FL 33157

7. Name and Address of New Registered Agent
 Name: **South-Florida-Tax, Inc.**
 Street Address (P.O. Box Number is Not Acceptable):
415 West Hallandale Bch Blvd
 City: **Hallandale** FL Zip Code: **33009**

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *[Signature]* DATE: **4/7/07**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
MGRM	ARGOMANIZ, ALBERTO E	8055 SW 86TH TERRACE	MIAMI FL 33157	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/7/07** DAYTIME PHONE #: **305-271-3434**