
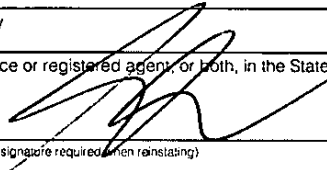
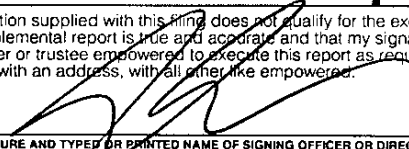


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90286 036 ***158.75

DOCUMENT # L25204					
1. Entity Name TEXMED, INC.					
Principal Place of Business 8930 STATE ROAD 84, #294 DAVIE, FL 33324			Mailing Address 8930 STATE ROAD 84, #294 DAVIE, FL 33324		
2. Principal Place of Business 15970 STATE RD. 84, #506		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FT. LAUDERDALE, FL		City & State FL		4. FEI Number 65-0157627	
Zip 33326		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ-ESTABALDO 29 GABLES BLVD WESTON, FL 33326			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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: ESTEBALDO MARTINEZ				5/4/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, ESTBALDO		NAME		
STREET ADDRESS	29 GABLES BLVD		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33324		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, BETSABE		NAME		
STREET ADDRESS	29 GABLES FL		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33324		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, ESTERALDO J		NAME	MARTINEZ ESTEBALDO J.	
STREET ADDRESS	301 RACQUET CLUB RD., APT 307, BLDG 4		STREET ADDRESS	16200 GOLF CLUB RD., NO. 208	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		5/4/05		954/888-6918	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	