

2006 FOR PROFIT CORPORATION ANNUAL REPORT

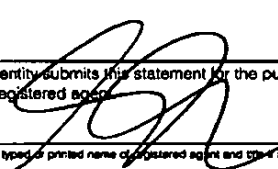
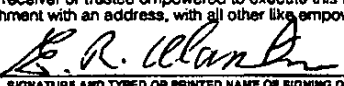
FILED
Mar 24, 2006 8:00 am
Secretary of State

03-09-2006 90161 013 ***158.75

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01122006 Chg-P CR2E034 (11/05)

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 12565 ORANGE DR.		3. Mailing Address 15970 STATE RD. 84,	
Suite, Apt. #, etc. #407		Suite, Apt. #, etc. #506	
City & State DAVIE, FL		City & State FT. LAUDERDALE, FL	
Zip 33330	Country USA	Zip 33326	Country USA
4. FEI Number 65-0157627		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$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 E. RAMON MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 15970 STATE ROAD 84, #506 City FT. LAUDERDALE, FL Zip Code 33326	
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 		DATE 2/7/06	
- FILE NOW!!! - FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, ESTBALDO 29 GABLES BLVD WESTON, FL 33324 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR E. RAMON MARTINEZ 29 GABLES BLVD. WESTON, FL 33326 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, BETSABE 29 GABLES FL WESTON, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BETSABE MARTINEZ 29 GABLES BLVD. WESTON, FL 33326 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, ESTERALDO J 16200 GOLF CLUB RD NO 208 WESTON, FL 33326 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLEIL PAZ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SOLEIL PAZ 29 GABLES BLVD. WESTON, FL 33326 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  E. RAMON MARTINEZ		DATE 2/7/06 DAYTIME PHONE # 954-988-6946	