2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State
03-09-2006 90161 013 ***158.75

66006895

01122006 Chg-P CR2E034 (11/05)

DOCUMENT # L25204

1. Entity Name
TEXMED, INC.

Principal Place of Business	Mailing Address
8930 STATE ROAD 84, #294 DAVIE, FL 33324	8930 STATE ROAD 84, #294 DAVIE, FL 33324

2. Principal Place of Business	3. Mailing Address
12565 ORANGE DR. Suite, Apt. #, etc. #407	15970 STATE RD. 84, 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	7. Name and Address of New Registered Agent
MARTINEZ, ESTABALDO 29 GABLES BLVD WESTON, FL 33326	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 _____ 2/7/06
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, 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. R. Martinez E. RAMON MARTINEZ 2/7/06 954-588-6946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #