


FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91437 029 ***150.00

DOCUMENT # 1-25204
 1. Entity Name **TEXMED, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8930 STATE RD. 84, #294 Suits, Apt. #, etc.		3. Mailing Address 8930 STATE RD. 84, #294 Suits, Apt. #, etc.		4. FEI Number 65-015-7627		Applied For Not Applicable
City & State DAVIE FL		City & State FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip 33324	Country BROWARD	Zip	Country			

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name: **ESTEBALDO R. MARTINEZ**

Street Address (P.O. Box Number is Not Acceptable):
29 GABLES BLVD.

City: **WESTON** State: **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.

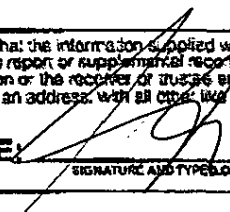
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$180.00
 After May 1, Fee is \$500.00
 Amended UBR is \$81.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ESTEBALDO R. MARTINEZ 29 GABLES BLVD. WESTON, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BETSAIBE MARTINEZ 29 GABLES, BLVD. WESTON, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICEPRESIDENT ESTEBALDO J. MARTINEZ 301 RACQUET CLUB RD. APT. 307, bldg. 4 WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(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 recipient of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of this attachment with an address, with all titles, duly empowered.

SIGNATURE:  ESTEBALDO R. MARTINEZ Date: **4/30/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Designation