

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L54717

Entity Name: LURMED, INC.

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

230 W SAN MARINO DR
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

230 W SAN MARINO DR
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0221063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDERO, LUIS
230 W. SAN MARINO
MIAMI, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPV () Delete
Name: MEDERO, LUIS,
Address: 230 W SAN MARINO DR
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: MEDERO, GLADYS
Address: 8830 SW 72 ST #B112
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: MEDERO, YESENIA
Address: 2476 SW 18 ST
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: GOMEZ, MIRIAM
Address: 230 W SAN MARINO DR
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: MEDERO, LUIS
Address: 4615 SW 8 CT APT #3
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: MEDERO, JANET
Address: 13322 SE 6TH ST
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS MEDERO

PD

01/05/2006

Electronic Signature of Signing Officer or Director

Date