


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90039 001 \*\*\*\*\*5.00  
04-12-2004 90039 002 \*\*\*\*\*50.00

<b>DOCUMENT # L99000006821</b>	
1. Entity Name <b>MEDIMAC, USA, LLC</b>	

Principal Place of Business <b>2114 NW 107TH AVE. MIAMI, FL 33172</b>	Mailing Address <b>2114 NW 107TH AVE. MIAMI, FL 33172</b>
--	--

2. Principal Place of Business <b>6045 NW 37th ST</b>	3. Mailing Address <b>6045 NW 37th ST.</b>
Suite, Apt. #, etc. <b>107</b>	Suite, Apt. #, etc. <b>107</b>
City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33166</b>	Country <b>USA</b>

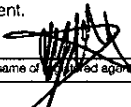


04082004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent <b>HAHMOUD, A. CASTA 2114 NW 107TH AVE. MIAMI, FL 33172</b>	
--	--

7. Name and Address of New Registered Agent	
Name <b>Mahmoud A Casta</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6045 NW 37th ST suit 107</b>	
City <b>Miami</b>	FL Zip Code <b>33166</b>

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 **04/08/04**

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MAHMOUD ALEJANDRO CASTA 11261 NW 7TH ST., APT 1 MIAMI, FL 33172</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR Mahmoud A Casta 6045 NW 37th ST suit 107 Miami, FL 33166</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **04/08/04** DAYTIME PHONE # **305-871-1579**