

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010053

FILED  
Mar 24, 2011  
Secretary of State

**Entity Name:** MEDS 2 HANDS CORP.

**Current Principal Place of Business:**

2055 NE 179TH ST.  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

2055 NE 179TH ST.  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 27-1091983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VEGA, BARBARA  
2055 NE 179TH ST.  
NORTH MIAMI BEACH, FL 33162 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

**OFFICERS AND DIRECTORS:**

**Title:** DIR.  
**Name:** SCHWAG, RICK  
**Address:** 1393 COLD HILL ROAD,  
**City-St-Zip:** LYNDONVILLE, VT 05851 US

**Title:** DIR.  
**Name:** ANGELOFF, DEBBIE  
**Address:** ST JOHN BLVD  
**City-St-Zip:** TUSTIN, CA 92780 US

**Title:** DIR.  
**Name:** MAVRAGANIS, COSTA  
**Address:** P.O. BOX 234  
**City-St-Zip:** MR FREEDOM, NJ 07970 US

**Title:** DIR.  
**Name:** STROFFOLINO, COLETTE  
**Address:** 6429 MONTGOMERY AVE  
**City-St-Zip:** VAN NUYS, CA 91406 US

**Title:** DIR  
**Name:** VEGA, YOVANIS  
**Address:** 2055 NE 179TH ST.  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** BARBARA VEGA

MRS

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date