


FILED  
Apr 16, 2007 8:00 am  
Secretary of State

03-30-2007 90147 015 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N40470</b>		
1. Entity Name FLORIDA INTERNATIONAL MEDICAL ASSOCIATION INC.		
Principal Place of Business 12493 SW 9 STREET MIAMI, FL 33165		Mailing Address 12493 SW 9TH ST MIAMI, FL 33184 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		03062007 No Chg-NP CR2E037 (4/06)
4. FEI Number 65-0239795		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SAUD, MELBA P. 12493 SW 9TH ST MIAMI, FL 33184		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when releasing) DATE _____		
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGARROA, MIRIAM 8760 SW 133RD AVENUE ROAD, APT. 218 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOZANO, RAUL 600 E. 45 ST. HIALEAH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV SAUD, ANTONIO 12493 S.W. 9TH STREET MIAMI, FL 33184	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERAZA, LUGIA N 470 WEST 38TH PLACE HIALEAH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 617, 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: <u>Antonio Saud</u> 4/11/07 305-261-2479		