


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

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

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

DOCUMENT # N40470 1. Entity Name FLORIDA INTERNATIONAL MEDICAL ASSOCIATION INC.	
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Principal Place of Business 12493 SW 9 STREET MIAMI, FL 33165	Mailing Address 12493 SW 9TH ST MIAMI, FL 33184 US
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66009257



03062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when releasing)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SIGARROA, MIRIAM
STREET ADDRESS	8760 SW 133RD AVENUE ROAD, APT. 218
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	LOZANO, RAUL
STREET ADDRESS	600 E. 45 ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	DPV
NAME	SAUD, ANTONIO
STREET ADDRESS	12493 S.W. 9TH STREET
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	D
NAME	PERAZA, LUGIA N
STREET ADDRESS	470 WEST 38TH PLACE
CITY-ST-ZIP	HIALEAH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  Antonio Saud	Date: 4/11/07	Debit Phone #: 305-261-2479
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