


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N40470**  
 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
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01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0239795	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 SAUD, MELBA P.  
 12493 SW 9TH ST  
 MIAMI, FL 33184

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$81.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	

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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 1/15/08 305-559-9744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #