

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90340 018 ***150.00

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1. Entity Name
MEDCRO INVESTMENTS, INC.

Principal Place of Business
**3256 N.W. 24TH STREET ROAD
 MIAMI, FL 33142**

Mailing Address
**3256 N.W. 24TH STREET ROAD
 MIAMI, FL 33142**

2. Principal Place of Business

3. Mailing Address

3275 NW 24th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252006 Chg-P CR2E034 (11/05)



City & State

City & State
Miami, FL

4. FEI Number
65-1037849

Applied For
 Not Applicable

Zip Country

Zip Country
33142

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LLANES, ALFONSO
 6471 MAIN STREET
 APT. 301
 MAIMI LAKE, FL 33014**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD Delete
 NAME LLANES, ALFONSO
 STREET ADDRESS 6471 MAIN STREET, APT 301
 CITY-ST-ZIP MAIMI LAKES, FL 33014

TITLE STD Delete
 NAME MEDEROS, ANTONIO
 STREET ADDRESS 8825 SW 60TH STREET
 CITY-ST-ZIP MIAMI, FL 33173

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Change Addition
 NAME **Llanes Alfonso**
 STREET ADDRESS **4115 Derby Drive**
 CITY-ST-ZIP **Davie FL 33330-4316**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Change Addition
 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 607, 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: *Alfonso Llanes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 **3056353060**
Date Daytime Phone #