

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000025690

1. Entity Name  
MEDEQ, INC.



FILED  
04 APR 14 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1790 W 49 ST. #305-14  
HIALEAH, FL 33012

Mailing Address  
1790 W 49 ST. #305-14  
HIALEAH, FL 33012

2. Principal Place of Business  
3399 NW 72 AVE

3. Mailing Address  
Same

Suite, Apt. #, etc.  
Ste 127

Suite, Apt. #, etc.

04132004 Chg-P CR2E034 (10/03)

City & State  
Miami, FL 33122

City & State

4. FEI Number  
65-0989772

Applied For  
Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

AZCUY, GRISEL  
1790 W 49 ST. #305-14  
HIALEAH, FL 33012

## 7. Name and Address of New Registered Agent

Name Grisel Azcuy

Street Address (P.O. Box Number is Not Acceptable)

3399 NW 72 AVE - Ste 127

City Miami FL Zip Code 33122

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-13-2004

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PST  
NAME AZCUY, GRISEL ☐ Delete  
STREET ADDRESS 1790 W 49 ST. #305-14  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE V  
NAME GARCIA, FERNANDO M ☒ Delete  
STREET ADDRESS 12325 SW 115TH TER  
CITY-ST-ZIP MIAMI, FL 33186

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 PST ☒ Change ☐ Addition  
NAME Grisel AZCUY  
STREET ADDRESS 3399 NW 72 AVE - Ste 127  
CITY-ST-ZIP Miami, FL 33122

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100033450541  
CITY-ST-ZIP 04/21/04--01060--020 \*\*\$150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-2004

Date

Daytime Phone #

Ta