


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90309 030 \*\*\*150.00

<b>DOCUMENT # P00000030862</b>	
1. Entity Name <b>H - MED CORP.</b>	

Principal Place of Business <b>2174 SW 185 AVE. P. PINES FL 33029</b>	Mailing Address <b>2174 SW 185 AVE. P. PINES FL 33029</b>
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2. Principal Place of Business <b>2174 SW 185 AVE</b>	3. Mailing Address <b>2174 SW 185 AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIRAMAR, FLORIDA</b>	City & State <b>MIRAMAR, FLORIDA</b>
Zip <b>33029</b>	Zip <b>33029</b>
Country <b>(USA) BROWARD</b>	Country <b>BROWARD</b>

6. Name and Address of Current Registered Agent <b>HANABERGH, RODOLFO 2174 SW 185TH AVENUE MIRAMAR FL 33029</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 *Rodolfo Hanaberg* DATE MARCH 10/06

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HANABERGH, RODOLFO</b>		NAME <b>HANABERGH, RODOLFO</b>	
STREET ADDRESS <b>2174 SW 185 AVENUE</b>		STREET ADDRESS <b>2174 SW 185 AVENUE</b>	
CITY-ST-ZIP <b>MIRAMAR FL 33029</b>		CITY-ST-ZIP <b>MIRAMAR FL 33029</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HANABERGH, MERCEDES</b>		NAME <b>HANABERGH, MERCEDES</b>	
STREET ADDRESS <b>2174 SW 185 AVENUE</b>		STREET ADDRESS <b>2174 SW 185 AVENUE</b>	
CITY-ST-ZIP <b>MIRAMAR FL 33029</b>		CITY-ST-ZIP <b>MIRAMAR FL 33029</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rodolfo Hanaberg* DATE MARCH 10/06 305 466 7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR