



# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P00000033061</b>						<b>FILED</b> <b>05 OCT -4 AM 10: 00</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
<b>1. Entity Name</b> MEDVENDOR INCORPORATED				<b>Principal Place of Business</b> 11518 LANDING PL # B3 NORTH PALM BEACH, FL 33408																											
<b>Mailing Address</b> 11518 LANDING PL # B3 NORTH PALM BEACH, FL 33408																															
<b>2. Principal Place of Business</b> 68 Laurel Oaks Cir		<b>3. Mailing Address</b> 68 Laurel Oaks Circle		Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State Tequesta, FL		City & State Tequesta, FL		<b>4. FEI Number</b> 65-1002937		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
Zip 33469		Country USA		Zip 33469		Country USA																									
<b>6. Name and Address of Current Registered Agent</b> FELTZ, SHIRLEY A 11518 LANDING PLACE NORTH PALM BEACH, FL 33408				<b>7. Name and Address of New Registered Agent</b> Name: ADAM MAGGIO Street Address (P.O. Box Number is Not Acceptable): 156 H VILLAGE BLVD City: TEQUESTA FL Zip Code: 33469																											
<b>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.</b> SIGNATURE: <u>Adam Maggio</u> DATE: <u>9/29/05</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
<b>Amended AR is \$61.25</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																											
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>																															
<b>SIGNATURE:</b> <u>Josephine Maggio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>9/29/05</u> Daytime Phone #: <u>561-743-1941</u>																											