

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077971

Entity Name: ACOMED ENTERPRISES, INC.

FILED
May 14, 2007
Secretary of State

Current Principal Place of Business:

12805 NW 42 AVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

12805 NW 42 AVE
OPA LOCKA, FL 33054

New Mailing Address:

2121 PONCE DE LEON BLVD
STE. 240
CORAL GABLES, FL 33134

FEI Number: 65-1039563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD STE 240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PRATS FERNANDEZ & CO PA
2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134 US

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.

SIGNATURE: GABRIEL PRATS

05/14/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ACOSTA, HUGO
Address: 2121 PONCE DE LEON BLVD STE 240
City-St-Zip: CORAL GABLES, FL 33134

Title: DS () Delete
Name: MEDINA, DELIO I
Address: 2121 PONCE DE LEON BLVD STE 240
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ACOSTA, HUGO
Address: 14960 EGAN LANE
City-St-Zip: MIAMI LAKES, FL 33014

Title: DS (X) Change () Addition
Name: MEDINA, DELIO I
Address: 600 NORTH ISLAND
City-St-Zip: GOLDEN BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGO ACOSTA

DP

05/14/2007

Electronic Signature of Signing Officer or Director

Date