

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099451

Entity Name: BUY MED DIRECT, INC.

FILED  
Feb 08, 2006  
Secretary of State

**Current Principal Place of Business:**

6355 NW 36 ST STE 202  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

6355 NW 36 ST STE 202  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 65-1098322      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVAREZ, ORLANDO  
6355 NW 36 ST STE 202  
MIAMI, FL 33166      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MARTIN, ALEJANDRO  
Address: 1710 W 41 ST BAY #3  
City-St-Zip: HIALEAH, FL 33012

Title: DV ( ) Delete  
Name: ALVAREZ, ORLANDO  
Address: 6355 NW 36 ST STE 202  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ALVAREZ, ORLANDO  
Address: 6355 NW 36 STREET SUITE # 202  
City-St-Zip: MIAMI, FL 33166

Title: DV (X) Change ( ) Addition  
Name: MARTIN, ALEJANDRO  
Address: 1710 WEST 41 ST BAY # 3  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the 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: ORLANDO ALVAREZ

DP

02/08/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date