

2007 AR

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

07 JAN 11 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1002

600082679776
12/20/06--01040--012 **61.25



12082006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1065626 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARDSON, WILLIAM
7001 S.W. 97TH AVENUE
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name Maltby, Alfred D.
Street Address (P.O. Box Number is Not Acceptable)
7001 SW 97th Avenue

City Miami FL Zip Code 33173

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 resigning)

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

600082679776
01/17/07--01028--022 **88.75

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARRICARTE, MICHAEL A	
STREET ADDRESS	7001 S.W. 97TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KOLBER, CLIFFORD M	
STREET ADDRESS	7001 S.W. 97TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CARRICARTE, MICHAEL L	
STREET ADDRESS	7001 SW 97 AVE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davies, Julian P.	
STREET ADDRESS	15-19 Bloomsbury Way	
CITY-ST-ZIP	London, UK WC1A 2BA	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holden, Dean A.	
STREET ADDRESS	15-19 Bloomsbury Way	
CITY-ST-ZIP	London, UK WC1A 2BA	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nyren, Charles W.	
STREET ADDRESS	15-19 Bloomsbury Way	
CITY-ST-ZIP	London, UK WC1A 2BA	
TITLE	D P	Change <input checked="" type="checkbox"/> Addition
NAME	Maltby, Alfred D.	
STREET ADDRESS	7001 SW 97th Avenue	
CITY-ST-ZIP	Miami, FL 33173	
TITLE	D	Change <input checked="" type="checkbox"/> Addition
NAME	Lopez-Preusse, Francisco	
STREET ADDRESS	7001 SW 97th Avenue	
CITY-ST-ZIP	Miami, FL 33173	
TITLE	S	Change <input checked="" type="checkbox"/> Addition
NAME	Swain, Corinna J.	
STREET ADDRESS	7001 SW 97th Avenue	
CITY-ST-ZIP	Miami, FL 33173	


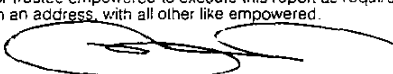
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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

Francisco
Lopez-Preusse 12-19-06 32N-27W-1400

1/12/07

2006 FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000000809 1. Entity Name AMEDEX INVESTMENT CORPORATION, INC.						202	
Principal Place of Business 7001 S.W. 97TH AVENUE MIAMI, FL 33173				Mailing Address 7001 S.W. 97TH AVENUE MIAMI, FL 33173			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent RICHARDSON, WILLIAM 7001 S.W. 97TH AVENUE MIAMI, FL 33173				7. Name and Address of New Registered Agent Name Maltby, Alfred D. Street Address (P.O. Box Number is Not Acceptable) 7001 SW 97th Avenue City Miami, FL Zip Code 33173			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRICARTE, MICHAEL A 7001 S.W. 97TH AVENUE MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Headley, John C. Russell House, Russell Mews Brighton, UK BN1 2HZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOLBER, CLIFFORD M 7001 S.W. 97TH AVENUE MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARRICARTE, MICHAEL L 7001 SW 97 AVE MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Francisco Lopez-Prouse 12-19-06 305-275-1400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							