2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2007 8:00 am Secretary of State 05-04-2007 90084 035 ***150.00 DOCUMENT # P01000022082 1. Entity Name MEDISER INTERNATIONAL CORP. Principal Place of Business Mailing Address 2501 N. OCEAN BLVD, STE 10 4836 S LEE ROAD POMPANO BEACH, FL 33063 DELRAY BEACH, FL 33445 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1082915 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARANA, CARMEN Street Address (P.O. Box Number is Not Acceptable) 2501 N. OCEAN BLVD, STE 10 POMPANO BEACH, FL 33063 Zip Code City FL 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 reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition ARANA, CARMEN NAME NAME STREET ADDRESS 2501 N. OCEAN BLVD, STE 10 STREET ADDRESS POMPANO BEACH, FL 33063 CITY-\$T-ZIP CITY-ST-ZIE TITLE **VPS** Delete TITLE Change Addition FRANCO, JOSE NAME NAME STREET ADDRESS 2501 N. OCEAN BLVD, STE 10 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33063 CHY-SI-ZIE Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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: (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #