

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029341

Entity Name: MEDEINGE CORP.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

6545 S.W. 41 COURT
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
STE. 1050
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-1121927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, ANTONIO
2588 S.W. 27 AVE.
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

GARCIA, ANTONIO
2121 PONCE DE LEON BLVD
1050
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: ANTONIO GARCIA

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SUAREZ, EDUARDO
Address: 6545 S.W. 41 COURT
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: CARMEN LEMMO, LEONOR DEL
Address: 6545 S.W. 41 COURT
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDUARDO SUAREZ

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date