

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000029341

FILED
Mar 29, 2007
Secretary of State**Entity Name:** MEDEINGE CORP.**Current Principal Place of Business:**2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33314**New Principal Place of Business:**2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33314**Current Mailing Address:**2121 PONCE DE LEON BLVD.
STE. 1050
CORAL GABLES, FL 33134 US**New Mailing Address:**2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134 US**FEI Number:** 65-1121927**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CONSULTING SERVICES OF MIAMI
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD
SUITE 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

03/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: SUAREZ, EDUARDO
Address: 2121 PONCE DE LEON BLVD. 1050
City-St-Zip: CORAL GABLES, FL 33314 US**Title:** D () Delete
Name: CARMEN LEMMO, LEONOR DEL
Address: 2121 PONCE DE LEON BLVD. 1050
City-St-Zip: CORAL GABLES, FL 33314 US**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: LEMMO, LEONOR DEL C
Address: 2121 PONCE DE LEON BLVD. 1050
City-St-Zip: CORAL GABLES, FL 33314 US**Title:** D () Change (X) Addition
Name: SUAREZ LEMMO, CARLA L
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134**Title:** D () Change (X) Addition
Name: SUAREZ LEMMO, LEONOR C
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134**Title:** D () Change (X) Addition
Name: SUAREZ LEMMO, MARIA G
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

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: EDUARDO SUAREZ

PD

03/29/2007

Electronic Signature of Signing Officer or Director

Date