

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029341

Entity Name: MEDEINGE CORP.

FILED
Mar 23, 2010
Secretary of State

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33314

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE 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:

CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134 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: PD
Name: SUAREZ, EDUARDO
Address: 2121 PONCE DE LEON BLVD. 1050
City-St-Zip: CORAL GABLES, FL 33314 US

Title: D
Name: LEMMO, LEONOR DEL C
Address: 2121 PONCE DE LEON BLVD. 1050
City-St-Zip: CORAL GABLES, FL 33314 US

Title: D
Name: SUAREZ LEMMO, CARLA L
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: SUAREZ LEMMO, LEONOR C
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: D
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 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 all other like empowered.

SIGNATURE: EDUARDO SUAREZ

PD

03/23/2010

Electronic Signature of Signing Officer or Director

Date