

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91885 024 ***150.00

DOCUMENT # P01000059416 1. Entity Name MEDIKA LABORATORIES, INC.					
Principal Place of Business 7760 W. 20TH AVENUE #21 HIALEAH, FL 33016			Mailing Address 7760 W. 20TH AVENUE #21 HIALEAH, FL 33016		
2. Principal Place of Business 8000 GOVERNORS Sq. BLVD. Suite, Apt. #, etc. # 105		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State MIAMI LAKES, FL.		City & State		4. FEI Number 65-1116760	
Zip 33016		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRESPALACIOS, FRANCISCO 7760 W. 20TH AVENUE BAY 21 HIALEAH, FL 33016				7. Name and Address of New Registered Agent Name FRANCISCO TRESPALACIOS Street Address (P.O. Box Number is Not Acceptable) 8000 GOVERNORS Sq. BLVD. #105 City MIAMI LAKES, FL Zip Code 33016	
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 F Trespalcios DATE 4/30/03 <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				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 BERRIOS, ENRIQUE 6901 N W 151ST STREET MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD 8000 GOVERNORS SQUARE BLVD #105 MIAMI LAKES, FL. 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARTEAGA, LEONARDO 7314 NW 46TH STREET MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 8000 GOVERNORS SQUARE BLVD #105 MIAMI LAKES, FL. 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TRESPALACIOS, FRANCISCO 7760 W. 20TH AVENUE, BAY 21 HIALEAH, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 8000 GOVERNORS SQUARE BLVD #105 MIAMI LAKES, FL. 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 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: F Trespalcios <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/30/03 DAYTIME PHONE # 305 362-2362	

CR2E034 (10/02)