FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90726 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101077

1. Entity Name
MED ESSENTIALS, INC.

Principal Place of Business	Mailing Address
4970 SW 72ND AVENUE SUITE 109 MIAMI, FL 33155	4970 SW 72ND AVENUE SUITE 109 MIAMI, FL 33155

2. Principal Place of Business	3. Mailing Address
2545 W. 80th Street	2545 W. 80th Street
Suite, Apt. #, etc. Suite # 2	Suite, Apt. #, etc. Suite #2
City & State Hialeah, FL	City & State Hialeah, FL
Zip 33016 Country	Zip 33016 Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1151179 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUEVEDO, ALEJANDRO
4970 SW 72ND AVENUE
SUITE 109
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name Quevedo, Alejandro
Street Address (P.O. Box Number is Not Acceptable) 2545 W. 80th Street
#2
City Hialeah 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 [signature] ALEJANDRO QUEVEDO 4/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	D
NAME	QUEVEDO, ALEJANDRO	NAME	QUEVEDO, ALEJANDRO
STREET ADDRESS	4970 SW 72ND AVENUE SUITE 109	STREET ADDRESS	2545 W. 80th Street, Suite #2
CITY-ST-ZIP	MIAMI, FL 33155 ☐ Delete	CITY-ST-ZIP	Hialeah, FL 33016 ☒ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] ALEJANDRO QUEVEDO 4/7/03 305 903 3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #