

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010896

**FILED
Aug 20, 2008
Secretary of State**

Entity Name: MED-TRAIN DISTRIBUTORS, INC.

Current Principal Place of Business:

6901 NW 46TH STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6901 NW 46TH STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 02-0539998 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RODRIGUEZ, ELIOT
6901 NW 46TH STREET
MIAMI, FL 33166 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: RODRIGUEZ, ELLIOT
Address: 6901 NW 46 ST.
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: RODRIGUEZ, ELLIOT
Address: 13136 SW 187 STREET
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify 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: ELIOT RODRIGUEZ

PST

08/20/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date