2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# P02000055576

Entity Name: AEMED, INC.

Current Principal Place of Business:

7230 NW 114 AVENUE, SUITE 206
MIAMI, FL 33178

New Principal Place of Business:

7230 NW 114 AVENUE
SUITE 206
MIAMI, FL 33178

Current Mailing Address:

7230 NW 114 AVENUE, SUITE 206
MIAMI, FL 33178

New Mailing Address:

7230 NW 114 AVENUE,
SUITE 206
MIAMI, FL 33178

FEI Number: 01-0697740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELGADO DE ARMAS, RAUL R
600 BRICKELL AVE
SUITE 500
MIAMI, FL 33131 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 ( ) Delete
Name: EWING, DONALD
Address: 7230 NW 114 AVENUE, #206
City-St-Zip: MIAMI, FL 33178

Title: TD ( ) Delete
Name: EWING, CATALINA
Address: 7230 NW 114 AVENUE, #206
City-St-Zip: MIAMI, FL 33178

Title: SD ( ) Delete
Name: BOUE, LUIS
Address: 3001 PONCE DE LEON #211
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD EWING PD 04/23/2004

Electronic Signature of Signing Officer or Director — Date