## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000055576

FILED Sep 02, 2009 Secretary of State

					<b>,</b>	
Entity Na	me: AEMED,	INC.				
Current Principal Place of Business:				New Principal Place	of Business:	
7643 SW 1 MIAMI, FL	102ND PLACE 33173					
Current Mailing Address:				New Mailing Address	s:	
7643 SW 1 MIAMI, FL	102ND PLACE 33173	:				
FEI Number	: 01-0697740	FEI Number Applied For ( )	FEI Nun	nber Not Applicable()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DELGADO DE ARMAS, RAUL R 1490 WEST 68TH STREET SUITE 205 MIAMI, FL 33014 US				DELGADO DE ARMAS, RAUL R 4000 PONDE DE LEON BLVD, SUITE 470 CORAL GABLES, FL 33146 US		
	e named entity e of Florida.	submits this statement for the	purpose o	f changing its registere	d office or registered agent, or both,	
SIGNATURE: RAUL DELGADO DE ARMAS				09/02/2009		
Electronic Signature of Registered Agent				Date		
		03(2)(b), F.S., the corporation did no g Trust Fund Contribution().	ot receive tl	he prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( EWING, DONA 7643 SW 1021 MIAMI, FL 33	ID PLACE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( ) Delete EWING, DONALD 7643 SW 102ND PLACE MIAMI, FL 33173			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( EWING, DONA 7643 SW 102N MIAMI, FL 33	ID PLACE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: DONALD EWING MR 09/02/2009