## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068213

Entity Name: MEDIPHARM LABORATORIES, INC.

FILED Mar 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3795 W. 18 AVE. 6752 NW 72 AVE HIALEAH, FL 33012 MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

3795 W. 18 AVE. 6752 NW 72 AVE HIALEAH, FL 33012 MIAMI, FL 33166

FEI Number: 27-0018478 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 LOPETEGUI, MARISELA
 LOPETEGUI, MARISELA

 5501 NW 7TH ST.
 5501 NW 7TH ST.

 A-207
 E-207

 MIAMI, FL 33134 US
 MIAMI, FL 33126 US

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: 03/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: LOPETEGUI, MARISELA Name: LOPETEGUI, MARISELA

Address: 5501 NW 7TH STREET # A-207 Address: 5501 NW 7TH STREET # E-207

City-St-Zip: MIAMI, FL 33126 City-St-Zip: MIAMI, FL 33126

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: MARISELA LOPETEGUI P 03/26/2005