


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P02000103137 1. Entity Name YUMED, CORP. |  |
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|--|--|
| Principal Place of Business 5260 S.W. 115TH AVENUE MIAMI, FL 33165 | Mailing Address 5260 S.W. 115TH AVENUE MIAMI, FL 33165 |
|--|--|



05172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 13-4238375 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent CORCHERO, EDUARDO 5260 S.W. 115TH AVENUE MIAMI, FL 33165 |
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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PTD CORCHERO, EDUARDO 5260 S.W. 115TH AVENUE MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VD CORCHERO, MARY 5260 S.W. 115TH AVENUE MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | SD CORCHERO, YUDEM 5260 S.W. 115TH AVENUE MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |

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05/20/04-80004-001 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/20/04 Daytime Phone #: 106-206-6288

305-338-0691