


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000108894  
1. Entity Name  
REXIMED INCORPORATED



Principal Place of Business 1221 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131	Mailing Address 1990 BRICKELL AVENUE UNIT H MIAMI, FL 33129
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**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1632058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MIGOYA, RONALD J  
1990 BRICKELL AVENUE  
UNIT H  
MIAMI, FL 33129

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	P MIGOYA, RONALD J 1990 BRICKELL AVENUE UNIT H MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NARCISO, ANABELLA 1990 BRICKELL AVENUE UNIT H MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NARCISO, MAURA 1990 BRICKELL AVENUE UNIT H MIAMI, FL 33129
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05/10/06-80100-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ronald J Miquera Date: April 25, 2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 305 859 7632