2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State
03-09-2004 90018 026 ***150.00

DOCUMENT # P03000018625

1. Entity Name
DISTRIBUIDORA MEDICA INTERNACIONAL, INC.

66407779

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
1550 SW 104 PATH APT 305 MIAMI FL 33174	1550 SW 104 PATH APT 305 MIAMI FL 33174

	2. Principal Place of Business	3. Mailing Address
Street	9448 NW 13th st	9448 NW 13th st
Suite, Apt. #, etc.	suite 63	suite 63
City & State	Miami FL	Miami FL
Zip	33172	33172
Country	U.S.A	U.S.A

4. FEI Number 59377-6534 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, NHORA
1550 SW 104 PATH APT 305
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW !!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	HERNANDEZ, NHORA	
STREET ADDRESS	1550 SW 104 PATH APT 305	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SD	☐ Delete
NAME	PEFIA DEZ, AMPARO	
STREET ADDRESS	104 SW 12 TERRACE APT 202	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] 03/22/04 (305)331-1306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #