

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90085 039 \*\*\*150.00

DOCUMENT # P03000018625

1. Entity Name

DISTRIBUIDORA MEDICA INTERNACIONAL, INC.



Principal Place of Business

9448 NW 13TH ST., STE 63  
MIAMI FL 33172

Mailing Address

9448 NW 13TH ST., STE 63  
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3776534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

*Hernandez, Nhora*

Street Address (P.O. Box Number is Not Acceptable)

*6520 NW 114 Ave. No. 1601*

City

*Miami*

FL

Zip Code

*33178*

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

*\* 03.01.05*

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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  
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition  
NAME *Hernandez, Nhora*  
STREET ADDRESS *6520 NW 114 Ave. No. 1601*  
CITY-ST-ZIP *Miami FL 33174*

TITLE SD ☒ Change ☐ Addition  
NAME *PEÑA, AMPARO*  
STREET ADDRESS *9460 Fontainebleau Blvd. No. 219*  
CITY-ST-ZIP *Miami FL 33172*

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

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03.01.05*

Date

*305 331-1306*

Daytime Phone #