

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000018625

FILED
Sep 29, 2006
Secretary of State

Entity Name: DISTRIBUIDORA MEDICA INTERNACIONAL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

10740 WEST FLAGLER ST
NO 5
MIAMI, FL 33174

Current Mailing Address:

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

New Mailing Address:

10740 WEST FLAGLER ST
NO 5
MIAMI, FL 33174

FEI Number: 43-2017367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, NHORA
6520 NW 114 AVE NO 1601
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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: NHORA HERNANDEZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERNANDEZ, NHORA
Address: 6520 NW 114 AVE NO 1601
City-St-Zip: MIAMI, FL 33174

Title: SD () Delete
Name: PENA, AMPARO
Address: 9460 FONTAINEBLEAU BLVD NO 219
City-St-Zip: MIAMI, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: VELANDIA, MARIA A
Address: 6520 NW 114 AVENUE 1601
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NHORA HERNANDEZ

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09/29/2006

Electronic Signature of Signing Officer or Director

Date