

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018625

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: DISTRIBUIDORA MEDICA INTERNACIONAL, INC.

## Current Principal Place of Business:

10740 WEST FLAGLER ST  
NO 5  
MIAMI, FL 33174

## New Principal Place of Business:

## Current Mailing Address:

10740 WEST FLAGLER ST  
NO 5  
MIAMI, FL 33174

## New Mailing Address:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

PD

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date