

FAX NO. 38

FROM :

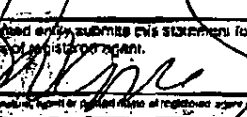
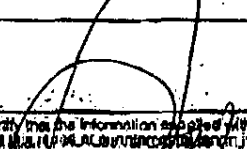
FAX NO. :

5/31.

FILED
Jul 12, 2004 8:00 am
Secretary of State

05-03-2004 91060 001 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000035134							
1. Entity Name INFOMEDX, INC							
Principal Place of Business 2097 W 76 ST HALEAH, FL 33016				Mailing Address 2097 W 76 ST HALEAH, FL 33018			
2. Principal Place of Business				3. Mailing Address 8310 NW 168 ST			
Suite, Apt., & etc.				Suite, Apt. #, etc.			
City & State Miami, FL				City & State			
Zip 33016		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CASTRO, IVANA 8347 NW 143 TER 8310 NW 168 ST. MIAMI LAKES, FL 33016				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____			
				State FL Zip Code _____			
I, the undersigned, hereby submit 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: 4/29/04							
FEE SCHEDULE: FEE IS \$150.00 AFTER MAY 1, 2004 Fee will be \$330.00				Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees			
I. OFFICERS AND DIRECTORS				II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II			
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition		
NAME	CASTRO, IVANA		NAME				
STREET ADDRESS	8347 NW 143 TER		STREET ADDRESS				
CITY-STATE-ZIP	MIAMI LAKES, FL 33016		CITY-STATE-ZIP				
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-STATE-ZIP			CITY-STATE-ZIP				
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-STATE-ZIP			CITY-STATE-ZIP				
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-STATE-ZIP			CITY-STATE-ZIP				
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-STATE-ZIP			CITY-STATE-ZIP				
I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), Florida Statutes. I further certify that the information was true and correct at the time it was filed, 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, partnership, limited liability company, or other entity being organized or reorganized, or an attachment thereto, and that all other fees are paid.							
SIGNATURE: 				DATE: 4/29/04			