

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000048275</b> 1. Entity Name <b>4 NEW MEDICAL CONCEPT INC.</b>	
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FILED

07 MAR -6 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



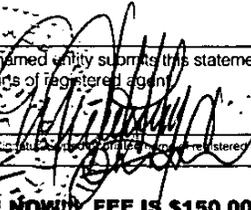
03042007 Chg-P CR2E034 (12/06) 07

Principal Place of Business <b>315 317 319 321 WEST 9TH ST. SECOND FLOOR HIALEAH, FL 33010 US</b>		Mailing Address <b>P.O. BOX 557432 MIAMI, FL 33255</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>20-0811507</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  FRAGA, MANUEL JR 321 W 9 ST SECOND FLOOR HIALEAH, FL 33010	<b>7. Name and Address of New Registered Agent</b> Name <b>MIGUEL A. ARANGO</b> Street Address (P.O. Box Number is Not Acceptable) <b>315-317-319-321-WEST 9TH ST.</b> City <b>HIALEAH, FL 33010 FL</b> Zip Code <b>33010</b>
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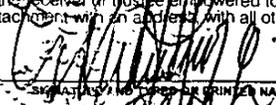
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: **January 4/2007**

<b>FILE NOW! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>500092282355</b> 12/07--01017--014 **159.00
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)		
TITLE	PD FRAGA, MANUEL JR	<input checked="" type="checkbox"/> Delete	TITLE	P.D.S. MIGUEL A. ARANGO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P O BOX 557432		STREET ADDRESS	P.O. BOX. 557432 MIAMI 33255	
CITY-ST-ZIP	MIAMI, FL 33255		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  DATE: **January 4/2007** DAYTIME PHONE #