

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059983

FILED
Apr 30, 2004
Secretary of State

Entity Name: AMED SOLUTIONS CORP.

Current Principal Place of Business:

801 BRICKELL BAY DR STE 1961
MIAMI, FL 33131

New Principal Place of Business:

1516 VENERA AVE.
CORAL GABLES, FL 33146

Current Mailing Address:

801 BRICKELL BAY DR STE 1961
MIAMI, FL 33131

New Mailing Address:

1516 VENERA AVE.
CORAL GABLES, FL 33146

FEI Number: 13-4252571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIZA, GUSTAVO
801 BRICKELL BAY DR STE 1961
MIAMI, FL 33131 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: () Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA () Change (X) Addition
Name: ARIZA, MELISSA
Address: 1516 VENERA AVE.
City-St-Zip: CORAL GABLES, FL 33146 US

Title: DIR () Change (X) Addition
Name: ARIZA, GUSTAVO
Address: 801 BRICKELL BAY DRIVE SUITE 1961
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUSTAVO ARIZA

DIR

04/30/2004

Electronic Signature of Signing Officer or Director

Date