

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059983

Entity Name: AMED SOLUTIONS CORP.

FILED
May 23, 2006
Secretary of State

Current Principal Place of Business:

1155 BRICKELL BAY DRIVE
3206
MIAMI, FL 33131

Current Mailing Address:

1155 BRICKELL BAY DRIVE
3206
MIAMI, FL 33131

New Principal Place of Business:

1155 BRICKELL BAY DRIVE
3208
MIAMI, FL 33131

New Mailing Address:

1155 BRICKELL BAY DRIVE
3208
MIAMI, FL 33131

FEI Number: 13-4252571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIZA, MELISSA
801 BRICKELL BAY DR STE 1961
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ARIZA, MELISSA
15230 SW 48TH TERRACE UNIT C
MIAMI, FL 33186 US

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:

05/23/2006

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: T () Delete
Name: ARIZA, MELISSA
Address: 8400 SW 150 AVE, # 101
City-St-Zip: MIAMI, FL 33193 US

Title: DIR () Delete
Name: ARIZA, GUSTAVO
Address: 1155 BRICKELL BAY DRIVE, UNIT 3206
City-St-Zip: MIAMI, FL 33131 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change () Addition
Name: ARIZA, GUSTAVO
Address: 1155 BRICKELL BAY DRIVE, UNIT 3208
City-St-Zip: MIAMI, FL 33131 US

Title: VP () Change (X) Addition
Name: SAADE, ROBERTO M
Address: 13360D SW 91 TERRACE
City-St-Zip: MIAMI, FL 33186

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: GUSTAVO ARIZA

PRES

05/23/2006

Electronic Signature of Signing Officer or Director

Date