


FILED  
Aug 27, 2004 8:00 am  
Secretary of State

08-09-2004 90005 024 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000078518			
1. Entity Name ALTERNI MEDS INC.			
Principal Place of Business 11520 SW 96 TERR MIAMI, FL 33176 US		Mailing Address 11520 SW 96 TERR MIAMI, FL 33176 US	
2. Principal Place of Business 11520 SW 96 Terr		3. Mailing Address 11520 SW 96 Terr	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Miami	
City & State Miami FL		City & State Miami FL	
Zip 33176		Country USA	
Zip 33176		Country WA	
6. Name and Address of Current Registered Agent DE CAIRES, MARIA J 11520 SW 96 TERR MIAMI, FL 33176		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Wanda Sue De Caires</u> DATE <u>7/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE CAIRES, MARIA J 11520 SW 96 TERR MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Wanda Sue De Caires</u> DATE <u>7/26/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			