2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 08:00 AM Secretary of State

Pince of Record Educations TOTES MOSH HILL ROAD TANKARAC, FL 33321 DO NOT WRITE IN THIS SPACE O1112005 No Ong P CREEGOA (10/05) A FER Number	DOCUMENT # P03000085337 1. Entity Name AMERICANADIAN MEDS, INC.				Secretary of Stat	
DO NOT WRITE IN THIS SPACE 4 FEI Number	7676 NOB HILL ROAD 7676 NOB HILL ROAD					
DO NOT WRITE IN THIS SPACE 4. FEI Number 16-1679315 Applied For 18-16-1679315 No. Certificate of Status Desired Status			<u> </u>	Y		
6. Name and Address of Current Registered Agent OSHELL CINNAMIN M 2200 NW CORPORATE BLVD SUITE 403 BOCA RATON, FL 33431 B. The above named writh submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Plorida. I am familiar with, and accept the obligations of registered agent. B. The above named writh submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Plorida. I am familiar with, and accept the obligations of registered agent. B. The above named writh submits the statement for the purpose of changing its registered office or registered agent, or both in the State of Plorida. I am familiar with, and accept the obligations of registered agent. B. The above named writh submits agent agent and the submits agent a	DO NOT WRITE IN THIS SPAC			CF		
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SUITE 403 BOCA RATON, FL 33431 IN THIS SPACE 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portice. I am familiar with, and accept the decilipations of registered agent, or both, in the State of Portice. I am familiar with, and accept the decilipations of registered agent agent are the state of Portice. I am familiar with, and accept the decilipations of registered agent agent are the state of Portice. I am familiar with, and accept the decilipations of registered agent. Or both, in the State of Portice. I am familiar with, and accept the decilipations of registered agent. Or both, in the State of Portice. I am familiar with, and accept the decilipations of registered agent. Or both, in the State of Portice. I am familiar with, and accept the decilipation of registered agent. Or both, in the State of Portice. I am familiar with, and accept the decilipation of registered agent. Or both, in the State of Portice. I am familiar with, and accept the decilipation of the State of Portice. I am familiar with, and accept the Agent agent agent would require agent. Or both. In the State of Portice. I am familiar with, and accept the Agent a						
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FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PSD WESTERLIND, NOEL C SR STRET ADDRESS CITY-51-2P PARKLAND, FL 33067 TITLE NAME SAFFER, EDWARD A STRET ADDRESS CITY-51-2P PARKLAND, FL 33067 TITLE NAME STRET ADDRESS CITY-51-2P PARKLAND, FL 33067 TITLE NAME STRET ADDRESS CITY-51-2P TITLE NAME						
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 12/14/15-80178-026 150.00 10. OFFICERS AND DIRECTORS ITILE PSD WESTERLIND, NOEL C SR T631 MARRILEHEAD CT TOT PARKLAND, FL 33067 TILE VTD NAME SAFFER, EDWARD A SINECT ADDRESS CITY-ST-2P PARKLAND, FL 33067 TILE NOW. STEET ADDRESS CITY-ST-2P TILE ITILE NAME STREET ADDRESS GITY-ST-2P TITLE NAME STREET ADDRESS GITY-ST-2P TOTO OF THE ADDRESS GITY-ST-2P TOTO OF THE ADDRESS GITY-ST-2P TOTO OF THE ADDRESS OF THE STREET ADDRESS GITY-ST-2P TOTO OF THE ADDRESS OF THE STREET ADDRESS GITY-ST-2P TOTO OF THE ADDRESS OF THE STREET ADDRESS GITY-ST-2P TOTO OF THE ADDRESS OF THE STREET ADDRESS OF THE STREET ADDRESS GITY-ST-2P TOTO OF THE ADDRESS OF THE STREET ADDRESS OF THE STREET ADDRESS GITY-ST-2P TOTO OF THE ADDRESS OF THE STREET ADDRESS OF TH	SIGNATURE Signature. Wood or primited name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling). DATE,					
ITTLE MAKE MAKE MESTERLIND, NOEL C SR TROST MARBLEHEAD CT PARKLAND, FL 33067 ITUL VTD SAFFER, EDWARD A 7631 MARBLEHEAD CT PARKLAND, FL 33067 ITUL MAKE SHEET ADDRESS CITY-ST-2P TITLE NAME SHEET ADRESS CITY-ST-2P TITLE NAME SHEET ADDRESS CITY-ST-2P TITLE NAME SHEET A	LICE MONTH LEE 19 \$ 190.00				i.00 May Be 1/30/300223466 ded to Fees 1/2/14/35-80078-026 150.00	
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SIGNATURE: TILE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 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 supplimental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute finis 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 accidess, with all other like simpowered.	NAME STREET ADDRESS				DO NOT WRITE	
NAME STREET ADDRESS CITY - ST-ZIP TIFLE NAME STREET ADDRESS CITY - ST-ZIP 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 his 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:	NAME STREET ADDRESS				IN THIS SPACE	
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SIGNATURE: PULLE SOM 7-10-0	12. I hereby certify that the information supplied with this filing does not bualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.					