


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90189 002 ***150.00

DOCUMENT # P03000089454 1. Entity Name MEDEVICE CORPORATION					
Principal Place of Business 10140 WEST BAY HARBOR DRIVE APT. 603 BAY HARBOR ISLANDS, FL 33154			Mailing Address 10140 WEST BAY HARBOR DRIVE APT. 603 BAY HARBOR ISLANDS, FL 33154		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 545917 Suite, Apt. #, etc.			
City & State Zip		City & State SURFSIDE FL Zip 33154		Country USA	
4. FEI Number 200242431				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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 _____ <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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORRATA, MARIO 10140 WEST BAY HARBOR DRIVE, APT. 603 BAY HARBOR ISLANDS, FL 33154		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P PORRATA, MARIO 10140 WEST BAY HARBOR DRIVE, APT. 603 BAY HARBOR ISLANDS, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORRATA, ALEJANDRO 3510 CHAMPION LAKE BOULEVARD, APT. 610 SHREVEPORT, LA 71105		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T PORRATA, ALEJANDRO 1111 BRICKELL BAY DR. #1603 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D _____ _____ _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C PORRATA, HUMBERTO 14129 GREEN TREE TRAIL WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D _____ _____ _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/V RUDISILL, PAUL 1307 CHAMMANE TRAIL NEMO, TX 76070	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D _____ _____ _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D _____ _____ _____		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 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: Mario Porrata <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PORRATA, MARIO PRESIDENT APR. 29, 04 505-1730 <small>Date Daytime Phone #</small>		