


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000098086
 1. Entity Name
 DOCURAPID CORP.



Principal Place of Business — Mailing Address
 300 ARAGON AVE 6282 S.W. 44TH ST.
 CORAL GABLES, FL 33134 MIAMI, FL 33155-5141

DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

4. FCI Number 05-0585089 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BETANCOURT, JOSE I
 6282 S.W. 44TH ST.
 MIAMI, FL 33155-5141

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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: *[Signature]* DATE: 02-21-05
Signature typed or printed name of registered agent and title if applicable. (FICTE). Registered Agent's signature required when reinstating.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BETANCOURT, JOSE I
STREET ADDRESS	6282 S.W. 44TH ST.
CITY- ST- ZIP	MIAMI, FL 331555141
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 02/25/05-80012-017 150.00

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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)(c), 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: *[Signature]* DATE: 02-21-05
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #