

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098086

FILED
Feb 13, 2009
Secretary of State

Entity Name: DOCURAPID CORP.

Current Principal Place of Business:

300 ARAGON AVE
SUITE 390
CORAL GABLES, FL 33134

New Principal Place of Business:

300 ARAGON AVE
SUITE 380
CORAL GABLES, FL 33134

Current Mailing Address:

6282 S.W. 44TH ST.
MIAMI, FL 33155141

New Mailing Address:

FEI Number: 05-0585089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETANCOURT, JOSE I
6282 S.W. 44TH ST.
MIAMI, FL 33155141 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BETANCOURT, JOSE I
Address: 6282 S.W. 44TH ST.
City-St-Zip: MIAMI, FL 33155141

Title: CP () Delete
Name: ESPERVNZA-LOPEZ, MARIA
Address: 6282 SW 44ST
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CP (X) Change () Addition
Name: ESPERANZA-LOPEZ, MARIA
Address: 6282 SW 44ST
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify 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: JOSE BETANCOURT

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02/13/2009

Electronic Signature of Signing Officer or Director

_____ Date