


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90184 031 ***150.00

DOCUMENT # P04000028392 1. Entity Name MEDIMART INVESTMENT, INC.					
Principal Place of Business 18368 SW 154 ST MIAMI, FL 33187 US			Mailing Address 18368 SW 154 ST MIAMI, FL 33187 US		
2. Principal Place of Business - No P.O. Box # 9500 SW 37TH ST Suite, Apt. #, etc.		3. Mailing Address 9500 SW 37ST Suite, Apt. #, etc.			
City & State MIAMI		City & State MIAMI		4. FEI Number 56-2449232	
Zip FI Country 33165		Zip FI Country 33165		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDINA, EDENIA I 18368 SW 154 ST MIAMI, FL 33178			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9500 SW 37TH ST City MIAMI FL Zip Code 33165		
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 <i>Edenia I. Medina</i> - President 4/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <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	P MEDINA, EDNIA I 18368 SW 154 ST MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Medina, Edenia I 9500 SW 37 ST MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained 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 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: <i>Edenia I. Medina</i> - Edenia I. Medina 4/23/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					