## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # P04000053040  1. Entity Name MED-CUISINE, INC.						04-17-2006	90347 013 ***	150.00
Principal Place of Business Mailing Address			<del>• • • • • • • • • • • • • • • • • • • </del>					
		8731 WESLEYAN DRIV FORT MYERS, FL 339						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04032006	Chg-P	CR2E034 (11/0	5)
City & State		City & State			4. FEI Number	044		Applied For
Zip	Country	Zip Countr		ntry	27-0085044  5. Certificate of Status Desired \$8.7 Fee Re			Not Applicable Additional
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R		illes
BOURAS, AZIZ				Aziz Bouras				
8731 WES	ERS, FL 33919		14300° R		(P.O. Box Number is Not Accept #902N			
	·			City Fort Myer	rs		FL Zing	967
8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE AZIZ Bouras Signature, typed or printed name of registered agent are title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECTO	
TITLE NAME	D Delete			- E			<b>₹</b> Chang	e 🔲 Addition
STREET ADORESS CITY-ST-ZIP				ET ADDRESS 1430	00 Riva De Myers, l		r #902N	
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP				
TITLE		☐ Delete	TITLE	1	***		Change	Addition
NAME STREET ADDRESS			NAME STREE	E Et adoress			, ,	
CITY-ST-ZIP	-		CITY	- ST - ZIP	***************************************			
TITLE NAME		☐ Delete	TITLE	1			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS · ST-ZIP				
TITLE NAME		☐ Delete	TITLE	1			☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE NAME		☐ Delete	TITLE	l			Change	Addition
STREET ADDRESS CITY-ST-ZIP				et aodress St-zip				
	ertify that the information supplied with	This filing does not qualify for			in Chapter 119, F	lorida Statutes. 1 f	further certify that the	information
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 reports the 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 employered 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:  AZIZ BOUIZAS  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Da								