


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90114 030 ***150.00

DOCUMENT # P04000053040	
1. Entity Name MED-CUISINE, INC.	

Principal Place of Business 8731 WESLEYAN DRIVE #1508 FORT MYERS, FL 33919	Mailing Address 8731 WESLEYAN DRIVE #1508 FORT MYERS, FL 33919
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40101871

2. Principal Place of Business - No P.O. Box # 14300 Riva Del Lago Drive	3. Mailing Address 14300 Riva Del Lago Drive
Suite, Apt. #, etc. Apt. 902N	Suite, Apt. #, etc. Apt. 902N



04102007 Chg-P CR2E034 (12/06)

City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33907	Country USA

4. FEI Number 27-0085044	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BOURAS, AZIZ 14300 RIVA DEL LAGO DR #902N FORT MYERS, FL 33907	

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOURAS, AZIZ 14300 RIVA DEL LAGO DR #902N FORT MYERS, FL 33907 <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 the empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**