APR-29-2008 16:50 HAGEN PALEN CO

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90154 020 ***150.00

DOCUMENT # P04000053040

1. Entity Name
MED-CUISINE, INC.

4UU941U7

Principal Place of Business	Mailing Address
14300 RIVA DEL LAGO DRIVE APT 902N FORT MYERS, FL 33907	14300 RIVA DEL LAGO DRIVE APT 902N FORT MYERS, FL 33907

04292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15280 Sonoma Drive	15280 Sonoma Drive
Suite, Apt. #, etc.: Apt 103	Suite, Apt. #, etc.: Apt 103
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33908 Country:	Zip: 33908 Country:

4. FEI Number: 27-0085044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOURAS, AZIZ 14300 RIVA DEL LAGO DR #902N FORT MYERS, FL 33907	Name: Street Address (P.O. Box Number Is Not Acceptable): 15280 Sonoma Drive Apt 103 City: Fort Myers FL Zip Code: 33908

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 ______________________ DATE 4-29-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BOURAS, AZIZ		NAME	
STREET ADDRESS	14300 RIVA DEL LAGO DR #902N		STREET ADDRESS	15280 Sonoma Drive #103
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	Fort Myers, FL 33908
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ______________________ 4-29-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #