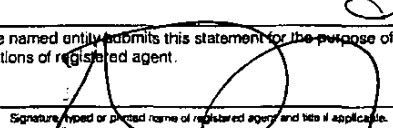
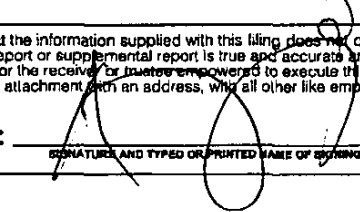


APR-29-2008 16:50

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.			
Principal Place of Business 14300 RIVA DEL LAGO DRIVE APT 902N FORT MYERS, FL 33907		Mailing Address 14300 RIVA DEL LAGO DRIVE APT 902N FORT MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # 15280 Sonoma Drive		3. Mailing Address 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
5. 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) 15280 Sonoma Drive Apt 103 City Fort Myers FL Zip Code 33908	
8. The above named entity admits 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 NAME STREET ADDRESS CITY - ST - ZIP	D BOURAS, AZIZ 14300 RIVA DEL LAGO DR #902N FORT MYERS, FL 33907 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	15280 Sonoma Drive #103 Fort Myers, FL 33908 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		DATE 4-29-08 Daytime Phone #	

40094107



04292008 Chg-P CR2E034 (12/06)

4. FEI Number
27-0085044 Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required