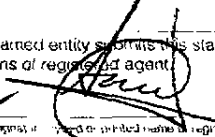
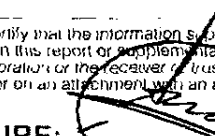


FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000147629						Secretary of State							
1. Entity Name SETAMED, CORPORATION													
Principal Place of Business 4315 NW 7TH STREET #40 MIAMI, FL 33126				Mailing Address 4315 NW 7TH STREET #40 MIAMI, FL 33126									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03162006		Chg-P		CR2E034 (11/05)	
City & State				City & State				4. FEI Number 20-1805031		☐ Applied For ☐ Not Applicable			
Zip		Country		Zip		Country		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							
PANDO, ISRAEL B 4315 NW 7TH STREET #40 MIAMI, FL 33126						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  Signature of person or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) 03-17-06 DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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							
☐ Delete						☐ Change ☐ Addition							
TITLE NAME STREET ADDRESS CITY- ST- ZIP						U000000483794 04/12/06-80014-008 150.00							
TITLE NAME STREET ADDRESS CITY- ST- ZIP						☐ Change ☐ Addition							
TITLE NAME STREET ADDRESS CITY- ST- ZIP						☐ Change ☐ Addition							
TITLE NAME STREET ADDRESS CITY- ST- ZIP						☐ Change ☐ Addition							
TITLE NAME STREET ADDRESS CITY- ST- ZIP						☐ Change ☐ Addition							
TITLE NAME STREET ADDRESS CITY- ST- ZIP						☐ Change ☐ Addition							
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: 						03-17-06							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date							