Jan 24, 2007 8:00 am 2007 FOR PROFIT CORPORATION **ANNUAL REPORT** Secretary of State DOCUMENT # P04000147629 01-24-2007 90042 010 ***150.00 1. Entity Name SETAMED, CORPORATION Principal Place of Business Mailing Address 4315 NW 7TH STREET #40 4315 NW 7TH STREET #40 60005717 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address HTT WH ZIEY 4315 NW 77 STYCET Suite, Apt. #, etc. Suite Apt. # etc. 01132007 Chg-P CR2E034 (12/06) 37-B 37-B Applied For ity & State 4. FEI Number اسمال MIANI 20-1805031 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33126 مدں USA 3312 C 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLAUT Jose ALZAC PANDO, ISRAEL B Street Address (P.O. Box Number is Not Acceptable) 4315 NW 7TH STREET #40 MIAMI, FL 33126 4315 NW TH STREET Suite City 8. The above named entity si tement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registe d agent. SIGNATURE. tered agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DO TITLE Delete TITLE Change ☐ Addition Arzac Juan Jose 4315 NW 774 Street Switz NAME ARZAC, JUAN JOSE NAME 4315 NW 7TH STREET #40 STREET ADDRESS STREET ADDRESS MIANI FC 33126 CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP M Change Delete TITLE Addition TITLE DE Arzac Gladys fena 4315 NW 7 M Street suite 37-B DE ARZAC, GLADYS PENA NAME NAME 4315 NW 7TH STREET #40 STREET ADDRESS STREET ADDRESS CITY ST-71P CITY-ST-ZIP MIAMI, FL 33126 MIDYI Defete Change Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7/P Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST ZIP Change ☐ Addition ☐ Defete TITLE THILE 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 CHY-ST-ZIP 12. I hereby certify that the information supplied with his filling 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.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Davime Phone #