

FRO


FAX NO.

Aug. 02

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P0500000874**

1. Entity Name  
REMEDOX, CORP.



**FILED**

06 AUG 15 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**528 ALCAZAR AVE  
CORAL GABLES, FL 33134**

Mailing Address  
**528 ALCAZAR AVE  
CORAL GABLES, FL 33134**

6254 SW 8th St Ste # 8 Miami Fl 33144



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

08022008 Chg-P CR2E034 (11/05)

4. FEI Number  Applied For  
Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTRO SANCHEZ, JUAN**  
**528 ALCAZAR AVE**  
**CORAL GABLES, FL 33134**

6254SW8thSt Ste #8  
Miami Fl 33144

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: \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent of record required when resigning)

**FILE NOW! FEE IS \$150.00 Due by September 6, 2006**

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

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, MARTA S 628 ALCAZAR AVE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600079054036</b> 08/23/06--01030--021 **159.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTRO-SANCHEZ, JUAN 528 ALCAZAR AVE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Castro Sanchez Juan 6254SW8thSt Ste. #8 Miami Fl 33144
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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 file 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 another like empowered.

**SIGNATURE:** *Juan Castro Sanchez* **Aug 11 06** 305 305 5504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #