

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017275

Entity Name: MEDICAL AID INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

4805 NW 79TH AVE
SUITE 4
DORAL, FL 33166 US

Current Mailing Address:

4805 NW 79TH AVE
SUITE 4
DORAL, FL 33166 US

New Principal Place of Business:

4851 NW 79TH AVE
SUITE 10
DORAL, FL 33166 US

New Mailing Address:

4851 NW 79TH AVE
SUITE 10
DORAL, FL 33166 US

FEI Number: 20-2272067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARDENAS, AIDA O
4805 NW 79TH AVE
SUITE 4
DORAL, FL 33166 US

Name and Address of New Registered Agent:

VALDES, MARTA
4851 NW 79TH AVE
SUITE 10
DORAL, FL 33166 US

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.

SIGNATURE: MARTA VALDES

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALDES, MARTA
Address: 4805 NW 79TH AVE
City-St-Zip: DORAL, FL 33166 US

Title: VP (X) Delete
Name: CARDENAS, AIDA O
Address: 4805 NW 79TH AVE
City-St-Zip: DORAL, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALDES, MARTA
Address: 4851 NW 79TH AVE #10
City-St-Zip: DORAL, FL 33166 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA VALDES

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date