

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000043676

Entity Name: INDIGO MEDICAL INC

**FILED**  
**Sep 08, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

5927 SW 8 STREET  
MIAMI, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

5927 SW 8 STREET  
MIAMI, FL 33144 US

**New Mailing Address:**

FEI Number: 20-2489841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARRA, ANTONIO  
440 SW 89 CT  
MIAMI, FL 33174 US

**Name and Address of New Registered Agent:**

GARRA, ANTONIO  
5927 SW 8 STREET  
MIAMI, FL 33144 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: ANTONIO GARRA

09/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: GARRA, ANTONIO  
Address: 440 SW 89 CT  
City-St-Zip: MIAMI, FL 33174 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: TAMAYO QUINONES, ORLIN M  
Address: 7050 NW 179 STREET APT 204  
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify 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: ORLIN M TAMAYO QUINONES

VP

09/08/2008

Electronic Signature of Signing Officer or Director

Date