

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000043676

FILED
Oct 15, 2008
Secretary of State**Entity Name:** INDIGO MEDICAL INC**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
5927 SW 8 STREET
MIAMI, FL 33144 US**Name and Address of New Registered Agent:**TAMAYO QUINONES, ORLIN M
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: ORLIN TAMAYO QUINONES

10/15/2008

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:** VP () Delete
Name: TAMAYO QUINONES, ORLIN M
Address: 7050 NW 179 STREET APT 204
City-St-Zip: MIAMI, FL 33015**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSD (X) Change () Addition
Name: TAMAYO QUINONES, ORLIN M
Address: 7050 NW 179 ST
City-St-Zip: MIAMI, FL 33015 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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 TAMAYO QUINONES

PSD

10/15/2008

Electronic Signature of Signing Officer or Director

Date