

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000156173

1. Entity Name
MEDI PROPERTIES CORP.



**FILED
Mar 20, 2006 8:00 am
Secretary of State**

03-20-2006 90019 041 ***150.00

50003660



03102006 Chg-P CR2E034 (11/05)

Principal Place of Business
1528 WESTON RD
WESTON, FL 33326

Mailing Address

1528 WESTON RD
WESTON, FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country
USA

Zip

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EISLER, MICHAEL J ESQ
1528 WESTON RD
WESTON, FL 33326

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME: DP CURE, ELIAS S
STREET ADDRESS: 1528 WESTON RD
CITY-ST-ZIP: WESTON, FL 33326

NAME: TITLE
STREET ADDRESS: CITY-ST-ZIP

SAAD CURE, ELIAS

Change Addition

NAME: DV SAAD, FELIPE
STREET ADDRESS: 1528 WESTON RD
CITY-ST-ZIP: WESTON, FL 33326

NAME: TITLE
STREET ADDRESS: CITY-ST-ZIP

D / VP / S

Change Addition

NAME: DS SAAD, MARIA
STREET ADDRESS: 1528 WESTON RD
CITY-ST-ZIP: WESTON, FL 33326

NAME: TITLE
STREET ADDRESS: CITY-ST-ZIP

D / T

Change Addition

NAME: Delete
STREET ADDRESS: CITY-ST-ZIP:

NAME: TITLE
STREET ADDRESS: CITY-ST-ZIP

Change Addition

NAME: Delete
STREET ADDRESS: CITY-ST-ZIP:

NAME: TITLE
STREET ADDRESS: CITY-ST-ZIP

Change Addition

NAME: Delete
STREET ADDRESS: CITY-ST-ZIP:

NAME: TITLE
STREET ADDRESS: CITY-ST-ZIP

Change Addition

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 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.

SIGNATURE: *✓ Saad Cure*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

III-10-2006 (786)262-7273

Date

Daytime Phone #