2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# P05000156173

Entity Name: MEDI PROPERTIES CORP.

Current Principal Place of Business:

325 S BISCAYNE BLVD
4319
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

325 S BISCAYNE BLVD
4319
MIAMI, FL 33131

New Mailing Address:

FEI Number: 36-2435132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAAD, FELIPE DVPS
325 S BISCAYNE BLVD
4319
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SAAD CURE, ELIAS
Address: 325 S BISCAYNE BLVD APT 4319
City-St-Zip: MIAMI, FL 33131

Title: DVPS ( ) Delete
Name: SAAD, FELIPE
Address: 325 S BISCAYNE BLVD APT 4319
City-St-Zip: WESTON, FL 33131

Title: DT ( ) Delete
Name: SAAD, MARIA
Address: 325 S BISCAYNE BLVD APT 4319
City-St-Zip: WESTON, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVPS (X) Change ( ) Addition
Name: SAAD, FELIPE
Address: 325 S BISCAYNE BLVD APT 4319
City-St-Zip: MIAMI, FL 33131

Title: DT (X) Change ( ) Addition
Name: SAAD, MARIA
Address: 325 S BISCAYNE BLVD APT 4319
City-St-Zip: MIAMI, FL 33131

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: FELIPE SAAD DVPS 04/01/2008

Electronic Signature of Signing Officer or Director Date