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Secretary of State

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1/18/

2007 FOR PROFIT CORPORATION ANNUAL REPORT

66004650

DOCUMENT # P06000031510

1. Entity Name
MEDWELL EQUIPMENTS CORP

Principal Place of Business	Mailing Address
2500 N.W. 79TH AVE SUITE #174 DORAL, FL 33122	2500 N.W. 79TH AVE SUITE #174 DORAL, FL 33122

2. Principal Place of Business - No P.O. Box # — 3. Mailing Address

Suite, Apt. #, etc. — Suite, Apt. #, etc.

City & State — City & State

Zip — Country — Zip — Country

01092007 Chg-P CR2E034 (12/06)

4. FEI Number 141951984 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, CELSO
8401 NW 8TH ST.
#104
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: Celso Gonzalez
Street Address (P.O. Box Number is Not Acceptable): (305) 718-8989
2500 NW 79 Ave - Suite # 174
City: Doral FL Zip Code: 33122

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, CELSO 8401 NW 8TH ST #104 MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME 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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 03/05/07 Daytime Phone #