


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-14-2007 90080 022 ***150.00

DOCUMENT # P06000081202			
1. Entity Name MEDISOL CORP			
Principal Place of Business 9954 S.W. 88TH ST. SUITE 222 MIAMI FL 33176		Mailing Address 9954 S.W. 88TH ST. SUITE 222 MIAMI FL 33176	
2. Principal Place of Business - No P.O. Box # <i>100 FONTAINEBLEAU BLVD</i>		3. Mailing Address <i>P.O. BOX 442339</i>	
Suite, Apt. #, etc. <i>APT. 102</i>		Suite, Apt. #, etc.	
City & State <i>MIAMI FL</i>		City & State <i>MIAMI FL</i>	
4. FEI Number <i>90-5175849</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VASQUEZ, ARLENE 9954 SW 88 ST APTO 222 MIAMI FL 33176		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P VASQUEZ, ARLENE 12537 SW 124 TERR MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <i>VASQUEZ ARLENE</i> <i>100 FONTAINEBLEAU BLVD</i> <i>APT. 102 MIAMI FL 33172</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Arlene Vasquez</i>		Date: <i>7862868071</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	