2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138700

Entity Name: MEDICINAS SIN FRONTERA ORG. INC.

FILED Apr 29, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
2315 N\N/ 107 A\/F #20	2315 NIM 107 AVF #1M29 - 53

EL DORAL, FL 33152 EL DORAL, FL 33172

Current Mailing Address: New Mailing Address:

2315 NW 107 AVE #20 2315 NW 107 AVE #1M29 - 53 EL DORAL, FL 33152 EL DORAL, FL 33172

FEI Number: 20-5831883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DELGADO, EDUARDO 11821 SW 190 ST MIAMI, FL 33177 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CUMERMA, CESAR CUMERMA, CESAR Name: Name: 3746 WHITEWAY DAIRY RD 3746 WHITEWAY DAIRY RD Address: Address: FT PIERCE, FL 34947 City-St-Zip: FT PIERCE, FL 34947 City-St-Zip:

Title: DV () Delete Title: VP (X) Change () Addition

 Name:
 MIRABAL, JÖRGE
 Name:
 MIRABAL, JÖRGE

 Address:
 11800 SW 190 ST
 Address:
 11800 SW 190 ST

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 MIAMI, FL 33177

Title: DS () Delete Title: VP (X) Change () Addition

 Name:
 DELGADO, EDUARDO
 Name:
 DELGADO, EDUARDO

 Address:
 11821 SW 190 ST
 Address:
 11821 SW 190 ST

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 MIAMI, FL 33177

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: EDUARDO DELGADO VP 04/29/2007