


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90459 020 ***150.00

DOCUMENT # P06000156749		
1. Entity Name HYDROMED SOLUTIONS, INC.		

Principal Place of Business 601 N. FLAMINGO ROAD #203 PEMBROKE PINES, FL 33028	Mailing Address 601 N. FLAMINGO ROAD #203 PEMBROKE PINES, FL 33028
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2. Principal Place of Business - No P.O. Box # 320 S. Flamingo Rd.	3. Mailing Address SAMPAS #2
Suite, Apt. #, etc. 283	Suite, Apt. #, etc.
City & State Pembroke Pines, FL	City & State
Zip 33027	Country

40091557



04202007 Chg-P CR2E034 (12/06)

4. FEI Number 20-8089412	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 JAYSON, MAURY M.D. 601 N. FLAMINGO ROAD #203 PEMBROKE PINES, FL 33028	7. Name and Address of New Registered Agent Name Barry Katz Street Address (P.O. Box Number is Not Acceptable) 320 S. Flamingo Rd, # 283 City Pembroke Pines FL Zip Code 33027
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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 <u>Barry H. Katz</u> DATE <u>4/23/07</u>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAYSON, MAURY M.D. 601 N. FLAMINGO ROAD #203 PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Barry Katz 320 S. Flamingo Rd, # 283 Pembroke Pines, FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 or without other life empowered.	
SIGNATURE: <u>Barry H. Katz</u>	Date <u>4/23/07</u>