

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029035

Entity Name: LIBREMED, INC.

FILED
May 07, 2009
Secretary of State

Current Principal Place of Business:

17051 NE 23RD AVE
#1A
NORTH MIAMI BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

17051 NE 23RD AVE
#1A
NORTH MIAMI BEACH, FL 33160 US

New Mailing Address:

FEI Number: 30-0422140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEITSCH, RIK J
7915 NW 111TH WAY
PARKLAND, FL 33076 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEITSCH, STEPHEN N
Address: 17051 NE 23RD AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: D () Delete
Name: DEITSCH, RIK J
Address: 7915 NW 111TH WAY
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RIK J DEITSCH

D

05/07/2009

Electronic Signature of Signing Officer or Director

_____ Date