

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042888

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: WAREMEDIA INTERACTIVE CORP

## Current Principal Place of Business:

1801 S TREASURE DR  
319  
NORTH BAY VILLAGE, FL 33141

## New Principal Place of Business:

## Current Mailing Address:

1801 S TREASURE DR  
319  
NORTH BAY VILLAGE, FL 33141

## New Mailing Address:

FEI Number: 20-8782912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REAL SOLUTIONS BUSINESS SERVICES, INC.  
10691 NORTH KENDALL DRIVE  
SUITE 209  
MIAMI, FL 33176 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MONTES DE OCA, AXEL  
Address: 4242 NW 2 STREET, APT. 1411  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MONTES DE OCA, AXEL  
Address: 1801 S TREASURE DR, APT 319  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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: AXEL MONTES DE OCA

P

02/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date