

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000026268

Entity Name: DROMEDICA CORP

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8339 NW 64 STREET  
SUITE 03  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

3475 BELMONT TERR  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 26-2279839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOSCAN, ISABEL  
3475 BELMONT TERRACE  
DAVIE, FL 33328 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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: GONZALEZ, EVARISTO A  
Address: 8339 NW 64 STREET  
City-St-Zip: MIAMI, FL 33166 US

Title: P  
Name: BOSCAN, ISABEL  
Address: 8339 NW 64 STREET  
City-St-Zip: MIAMI, FL 33166 US

I hereby 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 all other like empowered.

SIGNATURE: ISABEL BOSCAN

P

04/25/2012

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

\_\_\_\_\_  
Date