

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000012358

FILED
May 01, 2012
Secretary of State

Entity Name: NEOMEDIC INC.

Current Principal Place of Business:

2655 LE JEUNE ROAD
#810
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2655 LE JEUNE ROAD
#810
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 68-0677769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, YADIRA
2655 LE JEUNE ROAD
#810
CORAL GABLES, FL 33134 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: P
Name: CASTELLO, ANTONIO
Address: 2655 LE JEUNE ROAD, #810
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP
Name: GUERRERO, ALFONSO
Address: 2655 LE JEUNE ROAD, #810
City-St-Zip: CORAL GABLES, FL 33134 US

Title: T
Name: CASTELLO, ANTONIO
Address: 2655 LE JEUNE ROAD, #810
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S
Name: ALMENDRES, ALEJANDRO
Address: 2655 LE JEUNE ROAD, #810
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D
Name: ALMENDRES, ALEJANDRO
Address: 2655 LE JEUNE ROAD, #810
City-St-Zip: CORAL GABLES, FL 33134 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: ANTONIO CASTELLO

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date