

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000052702

FILED  
Mar 21, 2011  
Secretary of State

Entity Name: EMEDIASYS CORP.

**Current Principal Place of Business:**

1315 CAMPO SANO AVE  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

1315 CAMPO SANO AVE  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

FEI Number: 46-0522697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUESENBERRY, WILLIAM F III  
1315 CAMPO SANO AVE  
CORAL GABLES, FL 33146 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 D  
Name: BORJA, EMIL  
Address: AV NACIONES UNIDAS AND AMAZONAS  
City-St-Zip: CCNU-TORRE C-DEP 403, QUINTO, EQUADOR SA

Title: T D  
Name: BORJA, ELIZABETH  
Address: AV NACIONES UNIDAS AND AMAZONAS  
City-St-Zip: CCNU-TORRE C-DEP 403, QUINTO, EQUADOR SA

Title: S D  
Name: TAFUR, LAURA  
Address: AV NACIONES UNIDAS AND AMAZONAS  
City-St-Zip: CCNU-TORRE C-DEP 403, QUINTO, EQUADOR SA

Title: D  
Name: QUESENBERRY, BILL  
Address: 1315 CAMPO SANO AVE  
City-St-Zip: CORAL GABLES, FL 33146 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: BILL QUESENBERRY

D

03/21/2011

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

\_\_\_\_\_  
Date