

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000005250

Entity Name: MEDECON, INC.

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

641 SW 3 AVENUE  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

641 SW 3 AVENUE  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

FEI Number: 65-0504825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAIJIANPOUR, ZOYA  
641 SW 3 AVENUE  
FORT LAUDERDALE, FL 33315 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: D  
Name: HAIJIANPOUR, ZOYA  
Address: 641 SW 3 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33315

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: ZOYA HAIJIANPOUR

D

02/04/2011

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

\_\_\_\_\_  
Date