

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000061450

Entity Name: MEDI-PLANS MANAGEMENT, INC.

**FILED**  
**Sep 22, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

8923 NW 147TH TER  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 441206  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 65-0439414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOURE-DOMECCQ, ELENA ESQ  
7805 CORAL WAY  
SUITE 103  
MIAMI, FL 331556539 US

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

CORDOVA, ANGEL D  
780 NW 42 AVENUE  
SUITE 416  
MIAMI, FL 33126 US

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: ANGEL D. CORDOVA

09/22/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VALDERRAMA, FERNANDO  
Address: 7805 CORAL WAY, SUITE 103  
City-St-Zip: MIAMI, FL 331556539

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FERNANDO VALDERRAMA

PRES

09/22/2005

Electronic Signature of Signing Officer or Director

Date