## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P93000061450

MEDI-PLANS MANAGEMENT, INC.



Principal Place of Business

7805 SW 24 STREET

SUITE 103 MIAMI, FL 33155 Mailing Address

P.O. BOX 441206 MIAMI, FL 33144



No Chg-P

CR2E034 (11/05)

Applied For 4. FEI Number 65-0439414 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**FILED** 

Apr 16, 2007 08:00 AM Secretary of State

6. Name and Address of Current Registered Agent

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

SIGNATURE:

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305 398.0802

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8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees		, ,	
10.	OFFICERS AND DIRE	CTORS	I				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with attributer like empowered.							

PRESIDENT