


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2008 8:00 am**  
**Secretary of State**


06-09-2008 90003 002 \*\*\*150.00

<b>DOCUMENT # P93000061450</b> 1. Entity Name MEDI-PLANS MANAGEMENT, INC.	
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Principal Place of Business 7805 SW 24 STREET SUITE 103 MIAMI, FL 33155	Mailing Address P.O. BOX 441206 MIAMI, FL 33144
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**DO NOT WRITE IN THIS SPACE**

**66015176**



05082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0439414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALDERRAMA, FERNANDO 7805 CORAL WAY, SUITE 103 MIAMI, FL 33156539
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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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fernando Valderrama 7/2/08 305-398-0804  
SIGNATURE AND TITLE OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #