


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000084210 1. Entity Name MEDI-MOTE, INC.	
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Principal Place of Business 11175 ASPEN GLEN DR BOYNTON BEACH, FL 33437 US	Mailing Address 11175 ASPEN GLEN DR BOYNTON BEACH, FL 33437 US
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0459993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEITZ, JAY 11175 ASPEN GLEN DRIVE SUITE 100 BOYNTON BEACH, FL 33437

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEITZ, JAY 11175 ASPEN GLEN DRIVE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEITZ, JAY 11175 ASPEN GLEN DRIVE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS WEITZ, ANN 11175 ASPEN GLEN DRIVE BOYNTON BEACH, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000312842 04/18/05-80100-018 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify 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 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: JAY WEITZ 4-8-05 561-738-1609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #