


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90021 045 ***150.00

DOCUMENT # P94000034325		
1. Entity Name MEDECO INTERNATIONAL, INC.		
Principal Place of Business 5535 NW 74TH AVE MIAMI, FL 33166 US		Mailing Address 5535 NW 74TH AVE MIAMI, FL 33166 US



2. Principal Place of Business - No P.O. Box # 5220 N.W 72 AVENUE	3. Mailing Address 5220 N.W 72 AVENUE
Suite, Apt. #, etc. Box 15	Suite, Apt. #, etc. Box 15
City & State MIAMI	City & State MIAMI, FLA
Zip FL	Country USA

04152008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0511251	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MACHADO, CARLOS M ESQ 2030 DOULAS RD STE 210 MIAMI, FL 33134	7. Name and Address of New Registered Agent Name MR. RICARDO A. CARLES Street Address (P.O. Box Number is Not Acceptable) 7498 S.W 122 STREET City MIAMI FL Zip Code 33156
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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 *Ricardo A. Carles* **RICARDO A. CARLES** **4/15/08**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARLES, RICARDO A 7498 SW 122 ST MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARLES, MARIA J 7498 SW 122 ST MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-08

Date

(305) 482-9669

Daytime Phone #