

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026095

Entity Name: COMEDICORP.

FILED
Jan 31, 2005
Secretary of State

Current Principal Place of Business:

20801 BISCAYNE BLVD.
SUITE 304
AVENTURA, FL 331801422

New Principal Place of Business:

Current Mailing Address:

20801 BISCAYNE BLVD.
SUITE 304
AVENTURA, FL 331801422

New Mailing Address:

FEI Number: 65-0571028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASLAW, GARY R
20801 BISCAYNE BLVD.
SUITE 304
AVENTURA, FL 331801422 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCST () Delete
Name: PREMIER, HOWARD
Address: 12000 BISCAYNE BLVD., SUITE 705
City-St-Zip: NORTH MIAMI, FL 33181

Title: SV () Delete
Name: SASLAW, GARY R
Address: 20801 BISCAYNE BLVD. SUITE 304
City-St-Zip: AVENTURA, FL 331801422

Title: P (X) Delete
Name: HUFFMAN, CHRISTOPHER O
Address: 1200 BISCAYNE BLVD, SUITE 705
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOFFHEIMER, JAMES
Address: 12000 BISCAYNE BLVD., SUITE 705
City-St-Zip: NORTH MIAMI, FL 33181

Title: DV (X) Change () Addition
Name: SASLAW, GARY R
Address: 20801 BISCAYNE BLVD. SUITE 304
City-St-Zip: AVENTURA, FL 331801422

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: KYMM ABRAHAMSON

CFO

01/31/2005

Electronic Signature of Signing Officer or Director

Date