

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 23, 2008 8:00 am
Secretary of State

05-28-2008 90013 033 ***150.00

DOCUMENT # P95000058217

1. Entity Name
FIRST MEDICAL INTERNATIONAL CORP.



Principal Place of Business

**7368 SW 48 ST
MIAMI, FL 33155**

Mailing Address

**7368 SW 48 ST
MIAMI, FL 33155**

66014689



06192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0602854

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAZO, JORGE A
11940 S.W. 99 STREET
MIAMI, FL 33186**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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
LAZO, JORGE A
11940 S.W. 99 ST
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
GIRALDO, LUZ M
11940 S.W. 99 ST
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

6-19-08

Date

Daytime Phone #

305-661-7278