

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000078480**  
 1. Entity Name  
**MEDI-Q, INC.**



Principal Place of Business 1980-82 E 4TH AVE HIALEAH, FL 33010	Mailing Address 1980-82 E 4TH AVE HIALEAH, FL 33010
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**DO NOT WRITE IN THIS SPACE**



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0612222	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, LUIS E  
 1980-82 E 4TH AVE  
 HIALEAH, FL 33010

**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 \$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	PSD RODRIGUEZ, LUIS E 1980-82 E 4TH AVE HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARCIA, AMARILIS 1980-82 E 4TH AVE HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11071000343331  
 04/29/05-80116-004 150.00

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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: Amarilis Garcia Date: 04/29/05 Daytime Phone #: 305) 007-9911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR