

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90055 022 \*\*\*150.00

<b>DOCUMENT # P95000086602</b> 1. Entity Name <b>MEDISONICS, INC.</b>					
Principal Place of Business <b>4990 SW 72ND AVE #104 MIAMI, FL 33155</b>			Mailing Address <b>4990 SW 72ND AVE #104 MIAMI, FL 33155</b>		
2. Principal Place of Business <b>411 SW 27 AVENUE</b> Suite, Apt. #, etc. <b>200</b> City & State <b>miami, Florida</b> Zip <b>33135</b>		3. Mailing Address <b>411 SW 27 AVENUE</b> Suite, Apt. #, etc. <b>200</b> City & State <b>miami, Florida</b> Zip <b>33135</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>65-0618906</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PEREZ, OMAR V 2280 S.W. 132 AVENUE MIAMI, FL 33175</b>			7. Name and Address of New Registered Agent Name <b>OMAR V Perez</b> Street Address (P.O. Box Number is Not Acceptable) <b>411 SW 27 AVENUE Suite 200</b> City <b>miami</b>		
State <b>FL</b>			Zip Code <b>33135</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <b>PEREZ, OMAR</b> STREET ADDRESS <b>2280 S.W. 132 AVENUE</b> CITY-ST-ZIP <b>MIAMI, FL 33175</b>	<input type="checkbox"/> Delete		TITLE <b>P.</b> NAME <b>Perez OMAR</b> STREET ADDRESS <b>411 SW 27 AVENUE Suite 200</b> CITY-ST-ZIP <b>miami, FL 33135</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or without like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2-23-06</b> Daytime Phone # <b>305 644 8071</b>		