

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013556

FILED  
Feb 25, 2004  
Secretary of State

Entity Name: AMEDCO, CORP.

## Current Principal Place of Business:

780 N LE JEUNE ROAD STE 2  
MIAMI, FL 33126

## New Principal Place of Business:

6135 NW 167 STREET  
E-13  
MIAMI, FL 33015

## Current Mailing Address:

780 N LE JEUNE ROAD STE 2  
MIAMI, FL 33126

## New Mailing Address:

6135 NW 167 STREET  
E-13  
MIAMI, FL 33015

FEI Number: 65-0731697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAHAMONDE, JOSEFA G  
780 N LE JEUNE ROAD STE 2  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

BAHAMONDE, JOSEFA G  
6135 NW 167 STREET  
E-13  
MIAMI, FL 33015 US

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

02/25/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: BAHAMONDE, JOSEFA G  
Address: 780 N LE JEUNE ROAD STE 2  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: BAHAMONDE, JOSEFA G  
Address: 6135 NW 167 STREET E-13  
City-St-Zip: MIAMI, FL 33015

Title: VP ( ) Change (X) Addition  
Name: TORRES, MARTHA  
Address: 6135 NW 167 STREET E-13  
City-St-Zip: MIAMI, FL 33015

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: JOSEFA BAHAMONDE

Electronic Signature of Signing Officer or Director

PST

02/25/2004

Date