

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 09, 2004
Secretary of State**

DOCUMENT# P97000013556

Entity Name: AMEDCO, CORP.

Current Principal Place of Business:

6135 NW 167 STREET
E-13
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6135 NW 167 STREET
E-13
MIAMI, FL 33015

New Mailing Address:

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
6135 NW 167 STREET
E-13
MIAMI, FL 33015 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

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARTHA TORRES

VP

12/09/2004

Electronic Signature of Signing Officer or Director

_____ Date