


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P97000013556

1. Entity Name
AMEDCO, CORP.



Principal Place of Business 6135 NW 167 STREET E-13 MIAMI, FL 33015	Mailing Address 6135 NW 167 STREET E-13 MIAMI, FL 33015
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0731697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PURNTES, JUAN
 6135 NW 167 STREET
 E-13
 MIAMI, FL 33015**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PST	NAME PUNTES, JUAN
STREET ADDRESS 6135 NW 167 STREET E-13	CITY-ST-ZIP MIAMI, FL 33015
TITLE VP	NAME TORRES, MARTHA
STREET ADDRESS 6135 NW 167 STREET E-13	CITY-ST-ZIP MIAMI, FL 33015
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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 0471709-80052-003 150.00

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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____