
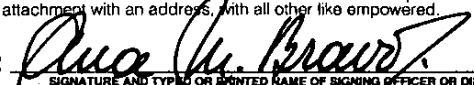


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90012 036 ***158.75

DOCUMENT # P97000059527			
1. Entity Name MEDESERV, INC.			
Principal Place of Business 2235 ARCH CREEK DR NORTH MIAMI, FL 33181		Mailing Address P O BOX 371459 MIAMI, FL 33137	
2. Principal Place of Business		3. Mailing Address 2235 ARCH CREEK DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State NORTH MIAMI, FL	
Zip	Country	Zip	Country
33181		33181	U.S.A.
6. Name and Address of Current Registered Agent BRAVO, ANA MARIA 2235 ARCH CREEK DR N MIAMI, FL 33181		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
		FL	
Zip Code		Zip Code	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVO, ANA MARIA	NAME	
STREET ADDRESS	2235 ARCH CREEK DR	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVO, ANA MARIA	NAME	
STREET ADDRESS	2235 ARCH CREEK DR	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: JAN 31, 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

50011815



01312005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0768416** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**