

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000060464

1. Entity Name  
MEDI TRADING, INC.



Principal Place of Business  
2355 SALZEDO STREET  
SUITE 300  
CORAL GABLES, FL 33134

Mailing Address  
2355 SALZEDO STREET  
SUITE 300  
CORAL GABLES, FL 33134

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0871802

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

DE LA VEGA, SUSANA  
2344 SALZEDO ST.  
CORAL GABLES, FL 33134

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U000000032950  
03/19/04-80029-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DE LA VEGA, SUSANA
STREET ADDRESS	2355 SALZEDO STREET
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 *Susana de la Vega* *SUSANA de la Vega* President 03/14/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #