


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 7990000 51620

1. Entity Name  
**ALIMED U.S.A, CORP.**



FIL 70 192

06 MAR -9 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
900 West 49th St  
Suite, Apt. #, etc. 408  
City & State Hialeah, FL 33012  
Zip 33012 Country Miami Dale.

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

MEMORANDUM 05-06

ep DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0931218 Applied For  Not Applicable


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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SANDRA PILOTO CONTRA  
Street Address (P.O. Box Number is Not Acceptable) 6961 West 14 Court  
Ap # 204  
City Hialeah FL Zip Code 33014

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.

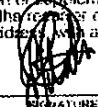
SIGNATURE:  DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. FEDERAL IDENTIFICATION NUMBER	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P Piloto Contra, Sandra 6961 W. 14 Ct. # 204 Hialeah, FL 33014</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300068109463 48/20/05-01024-005 #4300, 100</u>
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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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE \_\_\_\_\_

CR2E0345 (12/02)

03/01/2006 WED 14:30 FAX

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Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **ALIMED U.S.A., CORP.**

Thank you for your courtesy in this matter.



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**SANDRA PILOTO CINTRA**  
**PRESIDENT**