



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # V22362</b> 1. Entity Name <b>SUMED, CORP.</b>	
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Principal Place of Business <b>515 SW 12TH AVE SUITE 511 MIAMI, FL 33130 US</b>	Mailing Address <b>515 SW 12TH AVE SUITE 511 MIAMI, FL 33130 US</b>
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**DO NOT WRITE IN THIS SPACE**



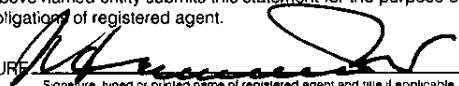
03202008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0323041</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NERET, MAURICIO  
515 SW 12 AVE #511  
MIAMI, FL 33130**

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:  (MAURICIO NERET) DATE: **3-20-2008**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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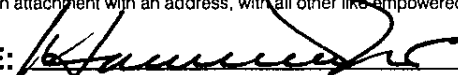
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NERET, MAURICIO 515 SW 12 AVE STREET 511 MIAMI, FL 33130
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04/08/08-80082-016 150.00

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:  **3-20-2008** **305 326 1171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #