

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90267 024 \*\*\*150.00

**DOCUMENT # V73078**

1. Entity Name

MEDI-QUICK, INC.



Principal Place of Business

C/O W A FIGUES CPA  
2801 PONCE DE LEON #1170  
MIAMI FL 33134  
US

Mailing Address

C/O W A FIGUES CPA  
2801 PONCE DE LEON #1170  
MIAMI FL 33134  
US

2. Principal Place of Business

40 J.A. FIGUERAS  
Suite, Apt. #, etc.  
3790 SW 139 Ave

3. Mailing Address

40 J.A. FIGUERAS  
Suite, Apt. #, etc.  
3790 SW 139 Ave

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0426455

Applied For

Not Applicable

Zip

33175

Country

USA

Zip

33175

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIGUERAS, VIVIAN T.  
2801 PONCE DE LEON BLVD  
#1170  
CORAL GABLES FL 33134

Name

FIGUERAS, VIVIAN T., ESQ.

Street Address (P.O. Box Number is Not Acceptable)

11030 SW 88th ST, Suite 200

City

MIAMI, FL.

FL

Zip Code

33176-1220

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**

**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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MAIZO, JUAN  
STREET ADDRESS 2801 PONCE DE LEON # 11  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition  
NAME 11030 SW 88th St. #200  
STREET ADDRESS MIAMI, FL. 33176  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME MAIZO, JUAN JR.  
STREET ADDRESS 156 ALMERIA SUITE 205  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition  
NAME 11030 SW 88th St. #200  
STREET ADDRESS MIAMI, FL. 33176  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME MAIZO, AMADA  
STREET ADDRESS 156 ALMERIA SUITE 205  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition  
NAME 11030 SW 88th St. #200  
STREET ADDRESS MIAMI, FL. 33176  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

JUAN J. MAIZO S.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #