

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



MOORE CR2E034 (11/03)

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.**

4. FEI Number: **65-0426455**
 Applied For: Not Applicable

Zip: **33175** Country: **USA**

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

6. Name and Address of Current Registered Agent
FIGUERAS, VIVIAN T.
2801 PONCE DE LEON BLVD
#1170
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name: **FIGUERAS, VIVIAN T., ESQ.**
 Street Address (P.O. Box Number is Not Acceptable): **11030 SW 88th St, Suite 200**
 City: **MIAMI, FL.** Zip Code: **FL 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]*
 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	
TITLE: PD <input type="checkbox"/> Delete	NAME: MAIZO, JUAN
STREET ADDRESS: 2801 PONCE DE LEON # 11	CITY-ST-ZIP: CORAL GABLES FL 33134
TITLE: VD <input type="checkbox"/> Delete	NAME: MAIZO, JUAN JR.
STREET ADDRESS: 156 ALMERIA SUITE 205	CITY-ST-ZIP: CORAL GABLES FL 33134
TITLE: SD <input type="checkbox"/> Delete	NAME: MAIZO, AMADA
STREET ADDRESS: 156 ALMERIA SUITE 205	CITY-ST-ZIP: CORAL GABLES FL 33134
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 11030 SW 88th St #200	CITY-ST-ZIP: MIAMI, FL. 33176
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 11030 SW 88th St #200	CITY-ST-ZIP: MIAMI, FL. 33176
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 11030 SW 88th St #200	CITY-ST-ZIP: MIAMI, FL. 33176
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **JUAN J. MAIZO S.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____