

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002337

**Entity Name:** I.F. TOP MEDICAL COMPANY, INC.

**Current Principal Place of Business:**

ONE S.E. 3RD AVE., SUITE 2950  
MIAMI, FL 33131

**Current Mailing Address:**

P O BOX 556, MAIN ST  
CHARLESTOWN, NEVIS, XX XX

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FEUERMAN, JONATHAN  
ONE S.E. 3RD AVE, SUITE 2950  
MIAMI, FL 33131 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CP  
Name FAGUNDEZ, IVAN  
Address 1B URB LOS CAMPITOS I COLINAS DE BELLO  
City-State-Zip: MONT LIB. CARACAS,VE 01050 XX

Title VPD  
Name MARIA JOSEFINA KABBABE MAGAMEZ  
Address LOMAS DE SAN ROMAN AV PAN. CR VISTA REAL  
City-State-Zip: P2 AP A31 BARUTA CARACAS MIR XX

Title SD  
Name FAGUNDEZ RODRIGUEZ, NATALIA  
Address QTA BEBILLI AVE CAURA COLINA DE BELLO  
City-State-Zip: MONTE CARACAS 1050 MIRANDA XX

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** IVAN FAGUNDEZ

**PRESIDENT**

**03/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date