

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007384

FILED
Apr 25, 2007
Secretary of State

Entity Name: HEALTH SOLUTIONS MEDICAL SUPPLIES INC.

Current Principal Place of Business:

175 FONTAINEBLEAU BLVD.
SUITE 1P
MIAMI, FL 33172

New Principal Place of Business:

175 FONTAINEBLEAU BLVD.
SUITE 1P
MIAMI, FL 33172 US

Current Mailing Address:

175 FONTAINEBLEAU BLVD.
SUITE 1P
MIAMI, FL 33172

New Mailing Address:

175 FONTAINEBLEAU BLVD.
SUITE 1P
MIAMI, FL 33172 US

FEI Number: 20-0586197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIETO, VLADIMIR
2055 S.W. 122 AVE., #111
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: PRIETO, VLADIMIR
Address: 2055 SW 122 AVE. #111
City-St-Zip: MIAMI, FL 33175

Title: VPD () Delete
Name: MENENDEZ, LOURDES
Address: 175 FONTAINEBLEAU BLVD., SUIT 1P
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: PRIETO, VLADIMIR
Address: 2055 SW 122 AVE. #111
City-St-Zip: MIAMI, FL 33175 US

Title: VP/D (X) Change () Addition
Name: MENENDEZ, LOURDES
Address: 175 FONTAINEBLEAU BLVD., SUIT 1P
City-St-Zip: MIAMI, FL 33172 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VLADIMIR PRIETO

P/D

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date