

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90217 001 *****8.75
 04-06-2005 90217 002 ***150.00

DOCUMENT # P04000030648

1. Entity Name
S AND G MEDICAL EQUIPMENT AND SUPPLIES, INC.



Principal Place of Business
 233 NE 14TH AVENUE
 HALLANDALE, FL 33190

Mailing Address
 233 NE 14TH AVENUE
 HALLANDALE, FL 33190

66008858



2. Principal Place of Business

3582 NE 171 St.

3. Mailing Address

3582 NE 171 St.

Suite, Apt. #, etc.
Apt. 202

Suite, Apt. #, etc.
Apt. 202

01192005 Chg-P CR2E034 (10/03)

City & State
No. Miami Beach, FL.

City & State
No. Miami Beach, FL.

4. FEI Number
20-0736871

Applied For
 Not Applicable

Zip
33160

Country
USA

Zip
33160

Country
USA

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

6. Name and Address of Current Registered Agent

PINELO, GUILLERMO A
 233 NE 14TH AVENUE
 HALLANDALE, FL 33190

7. Name and Address of New Registered Agent

Name
PINELO, GUILLERMO A

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

3582 NE 171 Street

City **No. MIAMI BEACH**

FL

Zip Code
33160

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

J. Pinelo

03/02/05

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, 2005 Fee will be \$550.00

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 PINELO, GUILLERMO A
 233 NE 14TH AVENUE
 HALLANDALE, FL 33190 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPD
 ZAPATA, ROSA
 233 NE 14TH AVENUE
 HALLANDALE, FL 33190 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 PINELO, HECTOR F
 233 NE 14TH AVENUE
 HALLANDALE, FL 33190 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
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 CITY-ST-ZIP
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 Change Addition

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 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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:

J. Pinelo

03/02/05

(305) 553-9585

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #