

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90123 001 ***150.00
02-15-2006 90123 002 *****8.75

66001508



02102006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000030648				
1. Entity Name S AND G MEDICAL EQUIPMENT AND SUPPLIES, INC.				
Principal Place of Business 3582 NE 171 ST APT 202 NORTH MIAMI BEACH, FL 33160		Mailing Address 3582 NE 171 ST APT 202 NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0736871
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent PINELO, GUILLERMO A - 3582 NE 171 ST NORTH MIAMI BEACH, FL 33160			7. Name and Address of New Registered Agent	
			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINELO, GUILLERMO A		NAME	
STREET ADDRESS	233 NE 14TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33190		CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAPATA, ROSA		NAME	
STREET ADDRESS	233 NE 14TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33190		CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINELO, HECTOR F		NAME	
STREET ADDRESS	233 NE 14TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33190		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>G. Pinelo</i>		Date: <i>10/2/13/06</i>		Daytime Phone #: <i>(305) 553-9585</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				