


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0736871	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when re-instating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PINELO, GUILLERMO A 233 NE 14TH AVENUE HALLANDALE, FL 33190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZAPATA, ROSA 233 NE 14TH AVENUE HALLANDALE, FL 33190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINELO, HECTOR F 233 NE 14TH AVENUE HALLANDALE, FL 33190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000649725
 03/07/07-80060-017 8.75

U00000649725
 03/07/07-80060-018 150.00

DO NOT WRITE IN THIS SPACE

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: *[Signature]* Date: 02/1/07 Daytime Phone #: (305) 553 9588