


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P04000085354  
1. Entity Name  
DANIA MEDICAL EQUIPMENT & SUPPLIES INC.



Principal Place of Business      Mailing Address  
346 E. BEACH BLVD                      346 E. DANIA BEACH BLVD  
DANIA, FL 33004 US                      DANIA, FL 33004 US

**DO NOT WRITE IN THIS SPACE**



04102007      No Chg-P      CR2E034 (11/05)

4. FE# Number      Applied For  
20-1202640              Not Applicable

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

6. Name and Address of Current Registered Agent  
  
ZIGMOND, OLGA  
3800 SOUTH OCEAN DRIVE APT.320  
HOLLYWOOD, FL 33019

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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 reinstating)

**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	P
NAME	ZIGMOND, OLGA
STREET ADDRESS	3800 SOUTH OCEAN DR. APT.320
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	VP
NAME	AGRACHOV, MARGARITA
STREET ADDRESS	3800 SOUTH OCEAN DR. APT.320
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000701350  
04/20/07-80056-003 150.00

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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: *Margarita Agrachov*      4/10/07 (954) 926-6410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #