

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 10, 2007
Secretary of State**

DOCUMENT# P05000002789

Entity Name: C & M MEDICAL SUPPLY, INC

Current Principal Place of Business:

6555 NW 36TH STREET
201-D
VIRGINIA GARDENS, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

6555 NW 36TH STREET
201-D
VIRGINIA GARDENS, FL 33166 US

New Mailing Address:

FEI Number: 20-2161850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREIRA, ALEXANDER M
6555 NW 36TH STREET
201-D
VIRGINIA GARDENS, FL 33166 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOREIRA, ALEXANDER M
Address: 6555 NW 36TH STREET
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: GM () Change (X) Addition
Name: ROCHAEL, ANNE C
Address: 6555 NW 36TH STREET
City-St-Zip: VIRGINIA GARDENS, FL 33166 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: ALEXANDER MOREIRA

PD

12/10/2007

Electronic Signature of Signing Officer or Director

_____ Date