

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000012256

**FILED  
Jan 31, 2007  
Secretary of State**

**Entity Name:** SUPREME SERVICE MEDICAL EQUIPMENT INC.

**Current Principal Place of Business:**

7446 NW 8TH ST  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

7446 NW 8TH ST  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 20-2266711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, YURI  
7446 NW 8TH ST  
MIAMI, FL 33126 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PEREZ, YURI  
Address: 7446 NW 8TH ST  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: YURI PEREZ

DP

01/31/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date