

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012256

FILED
Aug 17, 2008
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:

1000 WEST AVE
411
MIAMI BBEACH, FL 33139

Current Mailing Address:

7446 NW 8TH ST
MIAMI, FL 33126

New Mailing Address:

1000 WEST AVE
411
MIAMI BBEACH, FL 33139

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:

PEREZ, YURI
1000 WEST AVE
411
MIAMI BEACH, FL 33139 US

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: YURI PEREZ

08/17/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: DP (X) Change () Addition
Name: PEREZ, YURI
Address: 1000 WEST AVE # 411
City-St-Zip: MIAMI BEACH, FL 33139

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: YURI PEREZ

DP

08/17/2008

Electronic Signature of Signing Officer or Director

Date