

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103024

FILED
Apr 09, 2006
Secretary of State

Entity Name: FLEITES MEDICAL EQUIPMENT AND SUPPLIES INC

Current Principal Place of Business:

4445 WEST 16 AVE
SUITE 312
HIALEAH, FL 33013 US

New Principal Place of Business:

4445 WEST 16 AVE
SUITE 312
HIALEAH, FL 33012 US

Current Mailing Address:

4445 WEST 16 AVE
SUITE 312
HIALEAH, FL 33013 US

New Mailing Address:

4445 WEST 16 AVE
SUITE 312
HIALEAH, FL 33012 US

FEI Number: 20-3202631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLEITES, ROGELIO
580 EAST 10 ST
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

FLEITES, ROGELIO A
580 EAST 10 ST
HIALEAH, FL 33010 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: ROGELIO A. FLEITES

04/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLEITES, ROGELIO
Address: 580 EAST 10 ST
City-St-Zip: HIALEAH, FL 33010

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: ROGELIO A. FLEITES

PD

04/09/2006

Electronic Signature of Signing Officer or Director

Date