2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Secretary of State

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1. Entity Name
OTIF MEDICAL SUPPLIES, CORP

Principal Place of Business
1501 NW 14 ST
MIAMI FL 33125

Mailing Address
1501 NW 14 ST
MIAMI FL 33125

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box # 1501 NW 14 ST
Suite, Apt. #, etc.

3. Mailing Address 1501 NW 14 ST
Suite, Apt. #, etc.

City & State Miami FL
Zip 33125 Country U.S.A

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Zip 33125 Country U.S.A.

4. FEI Number 03-0587351 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
RUMBAUT, RODOLFO
1501 NW 14 ST
MIAMI FL 33125

7. Name and Address of New Registered Agent
Name OTIF MEDICAL SUPPLIES, CORP.
Street Address (P.O. Box Number is Not Acceptable)
1501 NW 14 ST
City MIAM FL Zip Code 33125

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 _____ 04-03-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
P RUMBAUT, RODOLFO 1501 NW 14 ST MIAMI FL 33125	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 03-05-07 (305) 351-6756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #