


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90104 044 ***150.00

DOCUMENT # P99000107488
1. Entity Name
HARVARD WHOLESALE AND MEDICAL SUPPLIES, CORP.



DO NOT WRITE IN THIS SPACE

50050457

2. Principal Place of Business
2869 SW 69th COURT
Suite, Apt. #, etc. -

3. Mailing Address
2869 SW 69th COURT
Suite, Apt. #, etc. -

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip 33155 Country USA

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4. FEI Number
22-3704372

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City FL Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>PD</u> <u>ROSALLES, SERGIO R SR</u> <u>15382 SW 177 TERRACE</u> <u>MIAMI, FL 33187</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VSD</u> <u>ROSALLES, RUTH MARINA</u> <u>15382 SW 177 TERRACE</u> <u>MIAMI, FL 33187</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD</u> <u>ROSALLES, ERNESTO</u> <u>15382 SW 177 TERRACE</u> <u>MIAMI, FL 33187</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>MONTERO, RUTH ROSALES</u> <u></u> <u></u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>SERGIO ROSALES, JR</u> <u>15966 SW 53 TERRACE</u> <u>MIAMI, FL 33185</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address in all the like empowered.

SIGNATURE: [Signature] 3/17/05 786-246-0689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)