


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-08-2006 90288 040 ***150.00

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1. Entity Name
HARVARD WHOLESALE AND MEDICAL SUPPLIES CORP.



Principal Place of Business 2869 SW 69TH COURT MIAMI, FL 33455	Mailing Address 2869 SW 69TH COURT MIAMI, FL 33455
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66019179



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3704372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSALES, SERGIO R SR.
 2869 SW 69TH COURT
 MIAMI, FL 33155

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSALES, SERGIO R SR 2869 SW 69TH COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROSALES, RUTH MARINA 2869 SW 69TH COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSALES, ERNESTO 2869 SW 69TH COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSALES, RUTH MONTERO 2869 SW 69TH COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ROSALES, SERGIO R JR. 2869 SW 69TH COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Date: 04/27/2006

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