


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90167 030 ***150.00

DOCUMENT # P99000107488

1. Entity Name
HARVARD WHOLESALE AND MEDICAL SUPPLIES CORP.



Principal Place of Business
2869 SW 69TH COURT MIAMI, FL 33155

Mailing Address
2869 SW 69TH COURT MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box #
6741 S.W. 24th ST

3. Mailing Address
6741 SW. 24th ST

Suite, Apt. #, etc.
Suite #43

Suite, Apt. #, etc.
Suite #43

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33155

Country
USA

Zip
33155

Country
USA

40003100



04302008 Chg-P CR2E034 (12/06)

4. FEI Number
22-3704372


Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ROSALES, SERGIO R SR.
 2869 SW 69TH COURT
 MIAMI, FL 33155**

7. Name and Address of New Registered Agent
 Name **SERGIO R. ROSALES, SR.**
 Street Address (P.O. Box Number is Not Acceptable)
6741 SW 24th ST
Suite #43
 City **MIAMI FL** Zip Code **33155**

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  DATE **04/29/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSALES, SERGIO R SR 2869 SW 69TH COURT MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROSALES, RUTH MARINA 2869 SW 69TH COURT MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSALES, RUTH MONTERO 2869 SW 69TH COURT MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ROSALES, SERGIO R JR. 2869 SW 69TH COURT MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **04/29/08**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR