

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025212

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: C.A.C. MEDICAL SALES CORP.

**Current Principal Place of Business:**

13435 SW 128 ST  
MIAMI, FL 33186

**New Principal Place of Business:**

13435 SW 128 ST  
#109  
MIAMI, FL 33186

**Current Mailing Address:**

13435 SW 128 ST  
MIAMI, FL 33186

**New Mailing Address:**

13435 SW 128 ST  
#109  
MIAMI, FL 33186

FEI Number: 65-0986395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORTES, CESAR  
13435 SW 128 ST UNIT 109  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CORTES, CESAR  
Address: 13435 SW 128 ST UNIT 109  
City-St-Zip: MIAMI, FL 33186

**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 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: CESAR CORTES

OWNE

03/20/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date