2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State
02-21-2005 90082 034 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P01000002057

1. Entity Name
ROYAL ULTRA MED. SUPPLY, INC.

Principal Place of Business	Mailing Address
7880 NW 20TH AVENUE #31 HIALEAH FL 33016 (we have a new address)	7880 NW 20TH AVENUE #31 HIALEAH FL 33016

2. Principal Place of Business	3. Mailing Address
	2440 West 80 St
Suite, Apt. #, etc. 2440 W. 80 St #7	Suite, Apt. #, etc. 7
City & State HIALEAH FL	City & State HIALEAH, FL
Zip 33016 Country DADE	Zip 33016 Country DADE

4. FEI Number 65-1060467 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONERO, JOSE A 1190 NORTH WEST 185TH AVENUE PEMBROKE PINES FL 33029	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 ______________________ DATE
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, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MONFRO, JOSE	NAME	
STREET ADDRESS	1190 NW 185TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A. MONERO 3/14/05 305-822-7580 C-786-402-4961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #