

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046070

FILED
Feb 16, 2006
Secretary of State

Entity Name: SCARLET'S MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

11117 W. OKEECHOBEE ROAD
HIALEAH GARDENS, FL 330184212

New Principal Place of Business:

11117 W. OKEECHOBEE ROAD
214
HIALEAH GARDENS, FL 33018

Current Mailing Address:

11117 W. OKEECHOBEE ROAD
HIALEAH GARDENS, FL 330184212

New Mailing Address:

11117 W. OKEECHOBEE ROAD
214
HIALEAH GARDENS, FL 33018

FEI Number: 65-1098552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE CARMEN CAMPOS, MARINA
7132 WEST 29TH AVENUE
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

LOPEZ, JANDRY
11117 W. OKEECHOBEE ROAD
214
HIALEAH GARDENS, FL 33018 US

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: JANDRY LOPEZ

02/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAMELA, FELIX L
Address: 6420 NW 200TH STREET
City-St-Zip: MIAMI, FL 33015

Title: VD (X) Delete
Name: CARMEN CAMPOS, MARINA D
Address: 7132 WEST 29TH AVENUE
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: LOPEZ, JANDRY
Address: 11117 W. OKEECHOBEE ROAD
City-St-Zip: HIALEAH, FL 33018

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JANDRY LOPEZ

P

02/16/2006

Electronic Signature of Signing Officer or Director

Date