

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046070

FILED
Apr 11, 2007
Secretary of State

Entity Name: SCARLET'S MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

11117 W. OKEECHOBEE ROAD - UNIT 114
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

Current Mailing Address:

11117 W. OKEECHOBEE ROAD - UNIT 114
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: 65-1098552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, JANDRY
11117 W. OKEECHOBEE ROAD - UNIT 114
HIALEAH GARDENS, FL 33018 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: DP () Delete
Name: LOPEZ, LANDRY
Address: 11117 W. OKEECHOBEE ROAD UNIT 114
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP () Change (X) Addition
Name: OKSENGORN, MARINA
Address: 10395 LAKE VISTA CIR
City-St-Zip: BOCA RATON, FL 33498

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: OKSENGORN, MARINA

DP

04/11/2007

Electronic Signature of Signing Officer or Director

Date