

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003811

FILED
Feb 07, 2008
Secretary of State

Entity Name: BEST BEAR MEDICAL SUPPLY INC.

Current Principal Place of Business:

1946 W 60TH ST.
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1946 W 60TH ST.
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 01-0570387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, ORESTES
6365 TAFT STREET
#3000
HOLLYWOOD, FL 33024 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: PVTs () Delete
Name: RODRIGUEZ, ORESTES
Address: 6365 TAFT STREET SUITE 3000
City-St-Zip: HOLLYWOOD, FL 33024

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: ORESTES RODRIGUEZ

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02/07/2008

Electronic Signature of Signing Officer or Director

Date