

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010100

FILED
Mar 14, 2008
Secretary of State

Entity Name: ARMAS FAMILY MEDICAL EQUIPMENT AND SUPPLY INC.

Current Principal Place of Business:

1123 N.W. 22ND AVE.
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1123 N.W. 22ND AVE.
MIAMI, FL 33125

New Mailing Address:

FEI Number: 45-0472504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMAS, MAIDELYN
4800 W FLAGLER ST
STE #227
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

ARMAS, MAIDELYN
1123 NW 22ND AVE
MIAMI, FL 33125 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: MAIDELYN ARMAS

03/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARMAS, MAIDELYN
Address: 4800 W FLAGLER ST, STE #227
City-St-Zip: MIAMI, FL 33134

Title: VD () Delete
Name: ARMAS, MAIDELYN
Address: 4800 W FLAGLER ST, STE #227
City-St-Zip: MIAMI, FL 33134

Title: VD () Delete
Name: FERRERO, JOAQUIN
Address: 1123 N.W. 22ND AVE.
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARMAS, MAIDELYN
Address: 1123 NW 22ND AVE
City-St-Zip: MIAMI, FL 33125

Title: VD (X) Change () Addition
Name: ARMAS, MAIDELYN
Address: 1123 NW 22ND AVE
City-St-Zip: MIAMI, FL 33125

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: MAIDELYN ARMAS

PST

03/14/2008

Electronic Signature of Signing Officer or Director

Date