

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 08:00 AM
Secretary of State

CUMENT # P02000111681

Entity Name

RAL TECH MEDICAL SUPPLY, INC.



Principal Place of Business

**15321 NW 60TH AVE STE 103
MIAMI LAKES, FL 33014**

Mailing Address

**15321 NW 60TH AVE STE 103
MIAMI LAKES, FL 33014**

DO NOT WRITE IN THIS SPACE



05032007 No Chg-P CR2E034 (11/05)

4. FEI Number

35-2184361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LLANES, MADELYN
15321 NW 60TH AVE STE 103
MIAMI LAKES, FL 33014**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Mayo-2-07

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LLANES, MADELYN
15321 NW 60TH AVE STE 103
MIAMI LAKES, FL 33014**

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000000762653
05/23/07-80018-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mayo-2-07