2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000131188

1. Entity Name
GENERAL RADIOGRAPHIC & MEDICAL SUPPLIES CORP.

Principal Place of Business	Mailing Address
2840 WEST 73RD TERRACE HIALEAH, FL 33018	2840 WEST 73RD TERRACE HIALEAH, FL 33018

DO NOT WRITE IN THIS SPACE

01112007   ·No Chg-P·   CR2E034 (11/05)

4. FEI Number	Applied For
11-3666938	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIGNACK, JORGE L
2840 WEST 73RD TERRACE
HIALEAH, FL 33018

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000652391 03/12/07-80016-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	RIGNACK, RAMONA
STREET ADDRESS	2840 WEST 73RD TERRACE
CITY-ST-ZIP	HIALEAH, FL 33018

TITLE	VT
NAME	RIGNACK, JORGE L
STREET ADDRESS	2840 WEST 73RD TERRACE
CITY-ST-ZIP	HIALEAH, FL 33018

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 all other like empowered.

SIGNATURE: _____Jorge L Mynault_____   2/26/07   (305) 343 3612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #