


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000055705</b> 1. Entity Name SAV-ON MEDICAL SUPPLIES, INC.	
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Principal Place of Business 590 W. 20TH STREET HIALEAH, FL 33010	Mailing Address 590 W. 20TH STREET HIALEAH, FL 33010
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<b>DO NOT WRITE IN THIS SPACE</b>
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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1670700	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BRACERAS, WILFRED 600 W. 20TH STREET HIALEAH, FL 33010
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BRACERAS, WILFRED 600 W. 20TH STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BRACERAS, ELIZABETH 600 W. 20TH STREET HIALEAH, FL 33010
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<p>11000000514552 04/29/06-80176-015 158.75</p>          <b>DO NOT WRITE IN THIS SPACE</b>
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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:** Wilfred Braceras **PRESIDENT** 04/12/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #