

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 24, 2008 8:00 am
Secretary of State

04-23-2008 90035 009 ***150.00

4/23

DOCUMENT# P03000063418	
1. Entity Name MILA MEDICAL SUPPLIES INC.	

Principal Place of Business 1646 WEST 38 PLACE HIALEAH FL 33012	Mailing Address 1646 WEST 38 PLACE HIALEAH FL 33012
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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66014728

1st MOORE CR2E034 (10/07)

4. FEI Number **14-1894741**

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

6. Name and Address of Current Registered Agent RUIZ, LIUDMILA 616 N.W. 26 AVE. #203 MIAMI FL 33125	
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7. Name and Address of New Registered Agent Name Liudmila Ruiz Street Address (P.O. Box Number is Not Allowed) 3533 NW 165 CT City Miami FL Zip 33185	
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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]* DATE **04.09.08**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, LIUDMILA 1646 WEST 38 PLACE HIALEAH FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 I am empowered.

SIGNATURE: *[Signature]* DATE **04.09.08**