

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90034 047 \*\*\*150.00

DOCUMENT # P03000074482

1. Entity Name  
ANGEL'S MEDICAL EQUIPMENT & SUPPLIES, INC.



Principal Place of Business  
215 S.W. 17TH AVE.  
SUITE # 212  
MIAMI, FL 33135

Mailing Address  
215 S.W. 17TH AVE.  
SUITE # 212  
MIAMI, FL 33135

2. Principal Place of Business

7452 NW 8 Street  
Suite, Apt. #, etc.

3. Mailing Address

7452 NW 8 Street  
Suite, Apt. #, etc.



01202006 Chg-P CR2E034 (11/05)

City & State

Miami Florida

City & State

Miami, Florida

4. FEI Number

20-0075760

Applied For

Not Applicable

Zip  
33126

Country  
USA

Zip  
33126

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, GUSTAVO SR.  
215 S.W. 17TH AVE.  
SUITE # 212  
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name  
Hernandez, Gustavo Sr.

Street Address (P.O. Box Number is Not Acceptable)

7452 NW 8 Street

City  
Miami

FL

Zip Code  
33126

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

1/30/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HERNANDEZ, GUSTAVO SR.  
STREET ADDRESS 215 SW 17TH AVE.  
CITY-ST-ZIP MIAMI, FL 33135

TITLE VP ☐ Delete  
NAME DIAZ, NEREIDA MS.  
STREET ADDRESS 215 SW 17TH AVE.  
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Hernandez, Gustavo Sr.  
STREET ADDRESS 7452 NW 8 Street  
CITY-ST-ZIP Miami, FL 33126

TITLE VP ☒ Change ☐ Addition  
NAME Diaz, Nereida  
STREET ADDRESS 7452 NW 8 Street  
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Nereida Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06

Date

Daytime Phone #