

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079533

FILED
Jul 31, 2008
Secretary of State

Entity Name: CORPUS CHRISTI MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

215 S.W. 17TH AVE., SUITE 310
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

215 S.W. 17TH AVE., SUITE 310
MIAMI, FL 33135

New Mailing Address:

FEI Number: 42-1604245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NIEVES, MARINA
1395 W 41ST ST #3
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NIEVES, MARINA
Address: 1395 WEST 41ST STREET, #3
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARINA NIEVES

PD

07/31/2008

Electronic Signature of Signing Officer or Director

Date