2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P03000090009

Entity Name: DADE MEDICAL REPAIRS AND SALES, INC.

Current Principal Place of Business:

8020 WEST 23RD AVENUE
2
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

8020 WEST 23RD AVENUE
2
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 20-0159047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMA, GINO
1814 SW 180 TERRACE
MIRAMAR, FL 33029 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LAMA, GINO
Address: 1814 SW 180 TERRACE
City-St-Zip: MIRAMAR, FL 33029

Title: C ( ) Delete
Name: SABATES, FRANCISCO
Address: 7675 WEST 36 AVENUE UNIT 1
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GINO LAMA D 03/25/2009

Electronic Signature of Signing Officer or Director Date