

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125664

FILED
Apr 30, 2008
Secretary of State

Entity Name: SOUTHWEST INTERNATIONAL MEDICAL SUPPLY, INC.

Current Principal Place of Business:

1465 W. FLAGLER ST.
MIAMI, FL 33135

New Principal Place of Business:

1840 W 49TH ST
SUITE: 715
HIALEAH, FL 33012 US

Current Mailing Address:

1840 W. FLAGLER ST.
MIAMI, FL 33135

New Mailing Address:

1840 W 49TH ST
SUITE: 715
HIALEAH, FL 33012 US

FEI Number: 02-0711743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JINETE, LUIS
14752 SW 123 AVE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

JINETE, LUIS
1840 W 49TH ST
SUITE: 715
HIALEAH, FL 33012 US

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: LUIS JINETE

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JINETE, LUIS
Address: 14752 S.W. 1213 AVE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JINETE, LUIS
Address: 1840 W 49TH ST SUITE: 715
City-St-Zip: HIALEAH, FL 33012

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: LUIS JINETE

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date