
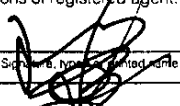
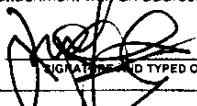


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-24-2008 90048 030 ***150.00

DOCUMENT # P03000127520 1. Entity Name MILE MEDICAL SUPPLY, INC.					
Principal Place of Business 11398 W FLAGLER ST STE 109 MIAMI, FL 33174			Mailing Address 11398 W FLAGLER ST STE 109 MIAMI, FL 33174		
2. Principal Place of Business, No P.O. Box # 35 SW 114 AVE Suite, Apt. #, etc. 202			3. Mailing Address Suite, Apt. #, etc.		
City & State MIAMI, FL.			City & State		
Zip 33174		Country		Zip Country	
4. FEI Number 76-0745155				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, MILENA 15508 SW 138TH PL 109 MIAMI, FL 33177			7. Name and Address of New Registered Agent Name MILENA RAMIREZ Street Address (P.O. Box Number is Not Acceptable) 35 SW 114 AVE, #202 City MIAMI FL Zip Code 33174		
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  MILENA RAMIREZ DATE 3/20/08 <small>Signature, name, and title of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD RAMIREZ, MILENA 15508 SW 138TH PL STE 109 MIAMI, FL 33177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD RAMIREZ, MILENA 35 SW 114 AVE, #202 MIAMI, FL. 33174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  MILENA RAMIREZ			Date 3/20/08 Daytime Phone # 305-270-4949		