

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-08-2005 90162 004 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000009178 1. Entity Name JALU MEDICAL STAFFING AND SUPPLY, INC.					
Principal Place of Business 7911 NW 72ND AVE. SUITE 202A MEDLEY FL 33166			Mailing Address 7911 NW 72ND AVE. SUITE 202A MEDLEY FL 33166		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 43-2039849	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACHADO, LUIS M 6875 W. 30TH CT. APT. 105 HIALEAH GARDENS FL 33018			7. Name and Address of New Registered Agent Name Luis M. Machado Street Address (P.O. Box Number is Not Acceptable) 945 SW 154 COURT City Miami FL Zip Code 33194		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD MACHADO, LUIS M 6875 W. 30 CT. APT. 105 HIALEAH GARDENS FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Luis M. Machado 945 SW 154 Ct Miami, FL 33194 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Luis Machado</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/3/05 Date		
			(305) 480-0195 Daytime Phone #		