

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072661

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: C&C BEST QUALITY MEDICAL SUPPLY, INC.

## Current Principal Place of Business:

9805 NW 80 AV  
UNIT 13-0  
HIALEAH GARDENS, FL 33016

## Current Mailing Address:

9805 NW 80 AV  
UNIT 13-0  
HIALEAH GARDENS, FL 33016

## New Principal Place of Business:

9805 NW 80TH AVENUE  
UNIT 13-0  
HIALEAH GARDENS, FL 33016

## New Mailing Address:

9805 NW 80TH AVENUE  
UNIT 13-0  
HIALEAH GARDENS, FL 33016

FEI Number: 04-3795180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALAZAR, NICANOR  
9805 NW 80 AV  
UNIT 13-0  
HIALEAH GARDENS, FL 33016 US

## Name and Address of New Registered Agent:

SALAZAR, NICANOR  
9805 NW 80TH AVENUE  
UNIT 13-0  
HIALEAH GARDENS, FL 33016 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:

01/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SALAZAR, NICANOR  
Address: 9805 NW 80 AV UNIT 13-0  
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition  
Name: SALAZAR, NICANOR  
Address: 9805 NW 80TH AV UNIT 13-0  
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: VP,D ( ) Change (X) Addition  
Name: JIMENEZ, EDEL  
Address: 9805 NW 80TH AV UNIT 13-0  
City-St-Zip: HIALEAH GARDENS, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NICANOR SALAZAR

P

01/04/2005

Electronic Signature of Signing Officer or Director

Date