

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000091299</b> 1. Entity Name <b>N.J.B. MEDICAL SUPPLIES, INC.</b>					
Principal Place of Business <b>33 E. 44TH ST. HIALEAH, FL 33013</b>				Mailing Address <b>33 E. 44TH ST. HIALEAH, FL 33013</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">05 AUG -2 AM 11:59</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SEC. OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 0.8em; margin-top: 10px;">             8012005    Chg-P    CR2E034 (10/03)           </div>	
City & State  Zip      Country		City & State  Zip      Country			
4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">34 2000 386</div>		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  <b>HERRERA, NUVIA 6290 W. 5TH LANE HIALEAH, FL 33012</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
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:       DATE: <span style="font-size: 1.2em; font-family: monospace;">08-01-05</span>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRERA, NUVIA 6290 W. 5TH LANE HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			Date: <span style="font-size: 1.2em; font-family: monospace;">08-01-05</span>		