

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000095698

FILED
Apr 24, 2006
Secretary of State**Entity Name:** THAIS MEDICAL SUPPLIES INC.**Current Principal Place of Business:**3383 NW 7TH ST., SUITE 211
MIAMI, FL 33125**New Principal Place of Business:****Current Mailing Address:**3383 NW 7TH ST., SUITE 211
MIAMI, FL 33125**New Mailing Address:****FEI Number:** 06-1728963**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CARRASCO, RODOMAN
3383 NW 7TH STREET
SUITE 211
MIAMI, FL 33125 US**Name and Address of New Registered Agent:**ROQUE DE ESCOBAR, JACQUELINE
3383 NW 7TH STREET
SUITE 211
MIAMI, FL 33125 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: JACQUELINE ROQUE DE ESCOBAR

04/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CARRASCO, RODOMAN
Address: 3383 NW 7TH ST., SUITE 211
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: ROQUE DE ESCOBAR, JACQUELINE
Address: 3383 NW 7TH ST., SUITE 211
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify for the 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: JACQUELINE ROQUE DE ESCOBAR

PSD

04/24/2006

Electronic Signature of Signing Officer or Director

Date