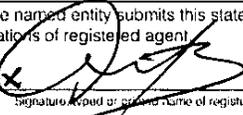
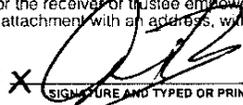


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000096384 1. Entity Name DIABETIC SPECIALIST ONLY, CORP.			FILED 07 AUG -1 AM 6:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 435 SW 17 AVE MIAMI, FL 33135		Mailing Address 435 SW 17 AVE MIAMI, FL 33135	
2. Principal Place of Business - No P.O. Box # 13984 SW 139 Ct.		3. Mailing Address 13984 SW 139 Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33186	Country Miami Dade	Zip 33186	Country Miami Dade
4. FEI Number 20-1306706		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 MORALES, OSVALDO 435 SW 17 AVE MIAMI, FL 33135		7. Name and Address of New Registered Agent Name Adrian Marrero Street Address (P.O. Box Number is Not Acceptable) 14957 SW 72 TR. City miami, FL 33193	
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: 07/16/07	
Amended AR is \$61.25		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 DP NAME MORALES, OSVALDO STREET ADDRESS 435 SW 17 AVE CITY-ST-ZIP MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete	TITLE DP NAME Adrian Marrero STREET ADDRESS 14957 SW 72 TR. CITY-ST-ZIP Miami, FL, 33193	<input checked="" 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
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
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
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
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 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: 		DATE: 07/16/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	