

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-29-2005 90282 045 ***150.00

DOCUMENT # P04000114924					
1. Entity Name MEDICAL & EQUIPMENT SUPPLIES DISTRIBUTORS, INC.					
Principal Place of Business 1895 W. FLAGLER ST., STE. #273 MIAMI, FL 33135			Mailing Address 1895 W. FLAGLER ST., STE. #273 MIAMI, FL 33135		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. EEI Number 20-1465143	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERNALETE, ALBERTO 1895 W. FLAGLER ST., STE. #273 MIAMI, FL 33135			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 RAMIREZ PANIAGUA, TULIO A DR. 1895 W. FLAGLER ST., STE. #273 MIAMI, FL 33135	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: 04/05/2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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