2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P04000124213

Entity Name: AMERICAN EAGLE MEDICAL DISTRIBUTORS, INC.

Current Principal Place of Business:

2371 W. 80 ST., B6 (REAR)
HIALEAH, FL 33016

New Principal Place of Business:

10775 SW 6TH ST
4
MIAMI, FL 33174

Current Mailing Address:

2371 W. 80 ST., B6 (REAR)
HIALEAH, FL 33016

New Mailing Address:

PO BOX 941421
MIAMI, FL 33194

FEI Number: 20-1564505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATO, GIANNYS
2371 W. 80 ST., B6 (REAR)
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

MATO, GIANNYS
10775 SW 6TH ST
4
MIAMI, FL 33174 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: GIANNYS MATO 04/25/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MATO, GIANNYS
Address: 7520 W 34 LANE
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MATO, GIANNYS
Address: 10775 SW 6TH ST 4
City-St-Zip: MIAMI, FL 33174

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: GIANNYS MATO PD 04/25/2006
Electronic Signature of Signing Officer or Director Date