

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000124213

1. Entity Name
AMERICAN EAGLE MEDICAL DISTRIBUTORS, INC.



Principal Place of Business

10775 SW 6TH ST
4
MIAMI, FL 33174

Mailing Address

PO BOX 941421
MIAMI, FL 33194



01222007 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-1564505

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATO, GIANNYS
10775 SW 6TH ST
4
MIAMI, FL 33174

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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

Signature typed or printed name of registered agent and title if applicable.

(NOTE) Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000603000
01/26/07-80113-020 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MATO, GIANNYS
10775 SW 6TH ST 4
MIAMI, FL 33174

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Giannys Mato

01/22/07

Date

(305) 717-0038

Daytime Phone #