

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000124213

FILED
Jun 29, 2007
Secretary of State

Entity Name: AMERICAN EAGLE MEDICAL DISTRIBUTORS, INC.

Current Principal Place of Business:

10775 SW 6TH ST
4
MIAMI, FL 33174

New Principal Place of Business:

10775 SW 6TH ST
4
MIAMI, FL 33174 US

Current Mailing Address:

PO BOX 941421
MIAMI, FL 33194

New Mailing Address:

PO BOX 941421
MIAMI, FL 33194 US

FEI Number: 20-1564505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: PEREZ, IRINA
Address: 606 SW 96 COURT
City-St-Zip: MIAMI, FL 33174 US

I hereby certify that the information supplied with this filing does not qualify 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 MATOS

P

06/29/2007

Electronic Signature of Signing Officer or Director

Date