
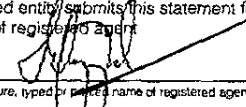



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000131863					
1. Entity Name LILI MEDICAL SUPPLIES INC					
Principal Place of Business 8181 NW 36 STREET 1007 DORAL, FL 33166 US			Mailing Address 8181 NW 36 STREET 1007 DORAL, FL 33166 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent LLAMPAY, FERNANDO J 8181 NW 36 STREET 1007 DORAL, FL 33166				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 				DATE 01-17-06	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LLAMPAY, FERNANDO J		NAME		
STREET ADDRESS	8181 NW 36 STREET - SUITE 1007		STREET ADDRESS		
CITY-ST-ZIP	DORAL, FL 33166		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 01-17-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



01172006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1655198 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

U00000392310  
01/24/06-80078-003 150.00