## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000136122

Entity Name: GOOD DEAL MEDICAL SUPPLIES, INC

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4480 W HALLANDALE BEACH BLVD PEMBROKE PARK, FL 33023

Current Mailing Address: New Mailing Address:

9024 NW 115 STREET 4480 W HALLANDALE BEACH BLVD HIALEAH GARDENS, FL 33018 PEMBROKE PARK, FL 33023

FEI Number: 20-1682958 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERNANDEZ, JUAN
9024 NW 115 STREET
HIALEAH GARDENS, FL 33018
US
HERNANDEZ, JUAN
4480 W HALLANDALE BEACH BLVD
PEMBROKE PARK, FL 33023 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: JUAN HERNANDEZ 04/26/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: HERNANDEZ, JUAN Name: HERNANDEZ, JUAN

Name:HERNANDEZ, JUANName:HERNANDEZ, JUANAddress:9024 NW 115 STAddress:4480 W HALLANDALE BEACH BLVD

City-St-Zip: HIALEAH GARDENS, FL 33018 City-St-Zip: PEMBROKE PARK, FL 33023

Title: VP (X) Delete Title: ( ) Change ( ) Addition
Name: MORA\_SCARLETTE Y Name:

 Name:
 MORA, SCARLETTE Y
 Name:

 Address:
 9024 NW 115 ST
 Address:

 City-St-Zip:
 HIALEAH GARDENS, FL 33018
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUAN HERNANDEZ P 04/26/2005