2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019384

Entity Name: DRIJNIFORMS & MEDICAL SUDDIJES CORD

FILED Apr 29, 2007 Secretary of State

Entity Name. Pb	UNIFORINIS & MEDICAL SUPPLIES	, CORP.		
Current Principal	Place of Business:	New Principal Place o	New Principal Place of Business:	
813 PINEBERRY DRIVE # 101 BRANDON, FL 33510		931 MILANO CIRCLE APT 104 BRANDON, FL 33511		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
813 PINEBERRY DRIVE # 101 BRANDON, FL 33510		931 MILANO CIRCLE APT 104 BRANDON, FL 33511		
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Addres	s of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
PENALOZA BALDA 703 PROVIDENCE # 304 BRANDON, FL 33:	TRACE CIRCLE			
The above named on the State of Florid	entity submits this statement for the place.	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
El	ectronic Signature of Registered Ag	ent	Date	
Election Campaign Fir	nancing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P Name: PENALO	()Delete IZA, INGRID	Title: P (Name: PENALOZA, I	X) Change ()Addition NGRID	

703 PROVIDENCE TRACE CIRCLE, #304

BRANDON, FL 33511

Address:

City-St-Zip:

703 PROVIDENCE TRACE CIRCLE, #304 Address: 931 MILANO CIRCLE APT 104 Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: BRANDON, FL 33511 Title: () Delete Title: (X) Change () Addition PENALOZA, JOSE L SR. PENALOZA, JOSE L SR. Name: Name: Address: 813 PINEBERRY DRIVE, # 101 Address: 931 MILANO CIRCLE APT 104 BRANDON, FL 33510 BRANDON, FL 33511 City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change () Addition Name: PENALOZA BALDA, JOSE L JR.

Name: Address: City-St-Zip:

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: JOSE LUIS PENALOZA **PRES** 04/29/2007