

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098168

FILED  
Mar 31, 2006  
Secretary of State

Entity Name: L AND J HEALTH CARE SUPPLIES CORP.

**Current Principal Place of Business:**

10300 SUNSET DRIVE  
SUITE 482  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10300 SUNSET DRIVE  
SUITE 482  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 20-3177369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

FONSECA, BLADIMIR  
9494 SW 39TH ST  
MIAMI, FL 33165      US

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

BASILIO, JOSE D  
1414 NW 107TH AVE  
206  
MIAMI, FL 33172 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: JOSE D BASILIO      03/31/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: FONSECA, BLADIMIR  
Address: 10300 SUNSET DRIVE SUITE 482  
City-St-Zip: MIAMI, FL 33173

Title: VT      (X) Delete  
Name: FONSECA, ESMERALDA  
Address: 10300 SUNSET DRIVE SUITE 482  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: FONSECA, ESMERALDA  
Address: 10300 SUNSET DRIVE SUITE 482  
City-St-Zip: MIAMI, FL 33173

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ESMERALDA FONSECA      P      03/31/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date