2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129984

Name:

Address: City-St-Zip: LAGE, JORGE SR

6976 W CAMINO REAL # 118

BOCA RATON, FL 33433

Entity Name: MEDICAL PARTS AND LOGISTICS CORP

FILED Apr 30, 2007 Secretary of State

Current P	rincipal Place of	Business:	New Principal Place	New Principal Place of Business:	
6976 W CA	AMINO REAL				
	TON, FL 33433				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6976 W CAMINO REAL 118			199 E FLAGLER ST 300		
BOCA RATON, FL 33433		MIAMI, FL 33131			
FEI Number:	: F	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
6976 W CA 118 BOCA RA The above in the State	e of Florida.	JS	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR		Signature of Registered Ag	ont	 Date	
Election Car		ust Fund Contribution ().	511L	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De SARASQUETA TOF 6976 W CAMINO R BOCA RATON, FL	RRES, CAROLA EAL # 118	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () De DOMINGUEZ, MAR 6976 W CAMINO R BOCA RATON, FL	CELO SR EAL#118	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SECR ()De	lete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SARASQUETA CAROLA P 04/30/2007