2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000134957

1. Entity Name
JAVAN MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
1850 SW 8TH STREET SUITE 301 MIAMI, FL 33135	1850 SW 8TH STREET SUITE 301 MIAMI, FL 33135

09122006   Chg-P   CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 32-0159945.   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARRERA, ELIEZER
1850 SW 8TH STREET
SUITE 301.
MIAMI, FL 33135

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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 15, 2006

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRERA, ELIZER 1850 SW 8TH STREET SUITE 301 MIAMI, FL 33135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	40009086254 10/16/06--01020--017 **550.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: _____   09/12/06   305-649-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

JC 10/19