

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90022 040 \*\*\*150.00

<b>DOCUMENT # P06000018189</b>	
1. Entity Name <b>DENIS MEDICAL SUPPLIES, INC</b>	

Principal Place of Business <b>13854 SW 156 ST MIAMI, FL 33177</b>	Mailing Address <b>13854 SW 156 ST MIAMI, FL 33177</b>
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2. Principal Place of Business - No P.O. Box # <b>13270 SW 131 St</b>	3. Mailing Address <b>13270 SW 131 St</b>
Suite, Apt. #, etc. <b>Ste 133</b>	Suite, Apt. #, etc. <b>Ste 133</b>

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
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Zip <b>33186</b>	Country <b>Miami-Dade</b>	Zip <b>33186</b>	Country <b>Miami-Dade</b>
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04252007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-4283076</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GUERRERO, YELEINY 13854 SW 156 ST MIAMI, FL 33177</b>	
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7. Name and Address of New Registered Agent Name <b>Yeleiny Guerrero</b> Street Address (P.O. Box Number is Not Acceptable) <b>13270 SW 131 St Ste 133</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33186</b>	
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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:  DATE: **04-25-07**  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUERRERO, YELEINY 13854 SW 156 ST MIAMI, FL 33177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Guerrero Yeleiny 13270 SW 131 St Ste 133 Miami, FL 33186 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **04-25-07** 305 252-9632  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #