2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P06000026523

Entity Name: ALONSO MEDICAL SUPPLY INC.

Current Principal Place of Business:

63 WEST 21 ST. SUITE 8
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

63 WEST 21 ST. SUITE 8
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 20-4353324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALONSO, ABRAHAM
1900 W. 68TH ST
G206
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALONSO, ABRAHAM
Address: 1900 W. 68TH ST G206
City-St-Zip: HIALEAH, FL 33014

Title: VP ( ) Delete
Name: SANTANA, DUBELL
Address: 1900 W. 68TH ST G206
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition
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: ABRAHAM ALONSO P 04/30/2007

Electronic Signature of Signing Officer or Director — Date