

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

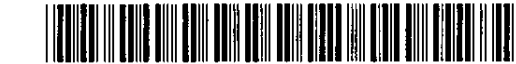
09-04-2007 90039 016 ***150.00

DOCUMENT # P06000043464 1. Entity Name QUALITY MEDICAL SUPPLY & EQUIPMENT INC.	
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Principal Place of Business 7235 SW 24TH ST - STE 208 MIAMI, FL 33155	Mailing Address 7235 SW 24TH ST - STE 208 MIAMI, FL 33155
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2. Principal Place of Business - No P.O. Box # 13190 SW 12th	3. Mailing Address 13190 SW 12th
Suite, Apt. #, etc.	Suite, Apt. #, etc.

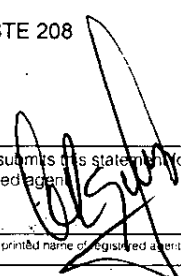
City & State MIAMI FL	City & State MIAMI FL
Zip 33175	Zip 33175
Country USA	Country USA



08312007 Chg-P CR2E034 (12/06)

4. FEI Number 34-3181597	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RODRIGUEZ, ALAIN 7235 SW 24TH ST - STE 208 MIAMI, FL 33155	
7. Name and Address of New Registered Agent Name: RODRIGUEZ ALAIN Street Address (P.O. Box Number is Not Acceptable): 13190 SW 12th City: MIAMI FL Zip Code: 33175	

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.

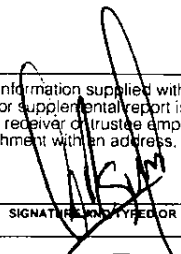
SIGNATURE:  DATE: 8/31/2007

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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 RODRIGUEZ, ALAIN 7235 SW 24TH ST - STE 208 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ ALAIN 13190 SW 12th MIAMI FL 33175 <input checked="" 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
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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: 8/31/07 (726) 537-6310

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR