2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# P06000059924

Entity Name: A.N.L MEDICAL SUPPLY INC.

Current Principal Place of Business:

11601 BISCAYNE BLVD STE 304
N MIAMI, FL 33181

New Principal Place of Business:

11601 BISCAYNE BLVD
#304
N MIAMI, FL 33181

Current Mailing Address:

11601 BISCAYNE BLVD STE 304
N MIAMI, FL 33181

New Mailing Address:

11601 BISCAYNE BLVD
#304
N MIAMI, FL 33181

FEI Number: 65-1277621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESTEVEZ, YAMILE
33 E 57 ST
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

GONZALEZ, HECTOR A
11601 BISCAYNE BLVD
N. MIAMI, FL 33181 US

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: HECTOR GONZALEZ 04/25/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ESTEVEZ, YAMILE
Address: 11601 BISCAYNE BLVD STE 303 B
City-St-Zip: N MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GONZALEZ, HECTOR A
Address: 11601 BISCAYNE BLVD STE 303 B
City-St-Zip: N MIAMI, FL 33181

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: HECTOR GONZALEZ P 04/25/2007
Electronic Signature of Signing Officer or Director Date