

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067180

Entity Name: RACSO MEDICAL SUPPLIES INC

FILED  
Mar 05, 2007  
Secretary of State

## Current Principal Place of Business:

2500 NW 79 AVE  
291  
DORAL, FL 33122

## New Principal Place of Business:

## Current Mailing Address:

2500 NW 79 AVE  
291  
DORAL, FL 33122

## New Mailing Address:

FEI Number: 20-4879181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORFA, ELIO  
2500 NW 79TH AVE., STE. 291  
DORAL, FL 33122 US

## Name and Address of New Registered Agent:

VALDES, OSCAR  
2500 NW 79TH AVE., STE. 291  
DORAL, FL 33122 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: OSCAR VALDES

03/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: MORFA, ELIO  
Address: 2500 NW 79TH AVE., STE. 291  
City-St-Zip: DORAL, FL 33122

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: VALDES, OSCAR  
Address: 2500 NW 79TH AVE., STE. 291  
City-St-Zip: DORAL, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the 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: OSCAR VALDES

P

03/05/2007

Electronic Signature of Signing Officer or Director

Date