

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070763

FILED
Jan 18, 2007
Secretary of State

Entity Name: DOC'S INTERNATIONAL MEDICAL SUPPLIES INC.

Current Principal Place of Business:

PO BOX 430865
MIAMI, FL 33243

New Principal Place of Business:

4674 PEMBROOK PL
ORLANDO, FL 32811

Current Mailing Address:

PO BOX 430865
MIAMI, FL 33243

New Mailing Address:

4674 PEMBROOK PL
ORLANDO, FL 32811

FEI Number: 20-4912047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, XIOMARA
2380 SW 80 CT
MIAMI, FL 33155 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: PD (X) Delete
Name: LOAICIGA, FRANCISCO
Address: PO BOX 430865
City-St-Zip: MIAMI, FL 33243

Title: SD () Delete
Name: SNELLING, JOHANNA
Address: 4674 PEMBROKE PL
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PVSD (X) Change () Addition
Name: SNELLING, JOHANNA
Address: 4674 PEMBROOK PL
City-St-Zip: ORLANDO, FL 32811

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: JOHANNA SNELLING

PVSD

01/18/2007

Electronic Signature of Signing Officer or Director

Date