

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P06000130765**

1. Entity Name  
**ALI'S MEDICAL SUPPLY, INC**



**FILED**

**07 APR -5 PM 1:52**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**6744 WEST FLAGLER STREET  
MIAMI, FL 33143**

Mailing Address  
**6744 WEST FLAGLER STREET  
MIAMI, FL 33143**

2. Principal Place of Business - No P.O. Box #  
**6744 West Flagler Street**

3. Mailing Address  
**P.O. Box 260415**

Suite, Apt. #, etc.



**04042007 Chg-P CR2E034 (12/06)**

City & State  
**miami, Florida**

City & State  
**miami, Florida**

Zip  
**33144**

Country  
**US**

Zip  
**33126**

Country

4. FEI Number  
**35-2281222**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, AILE  
3309 SAN REMO CIRCLE  
HOMESTEAD, FL 33035**

7. Name and Address of Now Registered Agent  
Name  
**Aile Rodriguez**  
Street Address (P.O. Box Number is Not Acceptable)  
**6744 West Flagler Street**  
City  
**miami** **FL** Zip Code  
**33144**

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 **4/4/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PD</b>	NAME <b>RODRIGUEZ, AILE</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PD</b>	NAME <b>Aile Rodriguez</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3309 SAN REMO CIRCLE</b>			STREET ADDRESS <b>6744 West Flagler Street</b>		
CITY-ST-ZIP <b>HOMESTEAD, FL 33035</b>			CITY-ST-ZIP <b>miami, Florida 33144</b>		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 **4/4/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR