

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140383

FILED
Apr 30, 2008
Secretary of State

Entity Name: MELLON DME & MEDICAL SUPPLY, INC.

Current Principal Place of Business:

1465 W. FLAGLER ST.
MIAMI, FL 33135

New Principal Place of Business:

1840 W 49TH ST
SUITE: 718
HIALEAH, FL 33012 US

Current Mailing Address:

1465 W. FLAGLER
MIAMI, FL 33135

New Mailing Address:

1840 W 49TH ST
SUITE: 718
HIALEAH, FL 33012 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRALERO, ERNESTO M
1465 W. FLAGLER ST.
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

CARRALERO, ERNESTO M
1840 W 49TH ST
SUITE: 718
HIALEAH, FL 33012 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: ERNESTO M. CARRALERO

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARRALERO, ERNESTO M
Address: 1465 W FLAGLER ST.
City-St-Zip: MIAMI, FL 33135

Title: VPD () Delete
Name: JINETE, LUIS
Address: 1465 W. FLAGLER ST.
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARRALERO, ERNESTO M
Address: 1840 W 49TH ST SUITE: 718
City-St-Zip: HIALEAH, FL 33012

Title: VPD (X) Change () Addition
Name: JINETE, LUIS
Address: 1840 W 49TH ST SUITE: 718
City-St-Zip: HIALEAH, FL 33012

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: ERNESTO M. CARRALERO

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date