

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000149588

FILED
Apr 24, 2007
Secretary of State

Entity Name: STEFA MEDICAL SUPPLY CORP.

Current Principal Place of Business:

4235 W 16 AVE
203
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

4235 W 16 AVE
203
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 65-0752615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIVERA, MIRLY
18847 NW 65 COURT
MIAMI LAKES, FL 33015 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: P () Delete
Name: RIVERA, MIRLY
Address: 18847 NW 65 COURT
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: VP () Delete
Name: MANZANO, JUAN
Address: 18847 NW 65 COURT
City-St-Zip: MIAMI LAKES, FL 33015 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MIRLY RIVERA

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date