

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000047045

FILED
Jan 04, 2008
Secretary of State

Entity Name: IVANA MEDICAL EQUIPMENT AND SUPPLIES, CORP.

Current Principal Place of Business:

1008 NE 7TH TERRACE
SUITE C
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

1008 NE 7TH TERRACE
SUITE C
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 26-0427050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARMONA DE FONTES, IVONNE
1008 NE 7TH TERRACE
SUITE C
CAPE CORAL, FL 33909 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: CARMONA DE FONTES, IVONNE
Address: 1008 NE 7TH TERRACE, SUITE C
City-St-Zip: CAPE CORAL, FL 33909

Title: VP () Delete
Name: FONTES, REYNOL
Address: 1008 NE 7TH TERRACE, SUITE C
City-St-Zip: CAPE CORAL, FL 33909

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 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: IVONNE CARMONA DE FONTES

P

01/04/2008

Electronic Signature of Signing Officer or Director

Date