

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000056941

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** INTRADEXPORT MEDICAL SUPPLY CORP

**Current Principal Place of Business:**

3438 WEST 84TH STREET  
UNIT 111  
HIALEAH, FL 33018 US

**New Principal Place of Business:**

**Current Mailing Address:**

3438 WEST 84TH STREET  
UNIT 111  
HIALEAH, FL 33018 US

**New Mailing Address:**

**FEI Number:** 26-0399336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARRASCO, CARLOS E  
7080 W 35TH AVE  
#115  
HIALEAH, FL 33018 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CARRASCO, CARLOS E  
**Address:** 7080 W 35TH AVE. #115  
**City-St-Zip:** HIALEAH, FL 33018

**Title:** VP  
**Name:** LOUIS, SYLVESTER  
**Address:** CLARKE STREET VIEUX FORT  
**City-St-Zip:** ST LUCIA, WI 33018

I hereby 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 all other like empowered.

**SIGNATURE:** CARLOS E CARRASCO

P

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date