

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000094686

**FILED**  
**May 02, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL SUPPLIES AND TECHNOLOGY, INC

**Current Principal Place of Business:**

11481 NW 81 LANE  
MIAMI, FL 33178

**New Principal Place of Business:**

344 NE 167TH ST  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

11481 NW 81 LANE  
MIAMI, FL 33178

**New Mailing Address:**

344 NE 167TH ST  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 99-0362298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTILLO PADRON, PEDRO D  
11481 NW 81 LANE  
MIAMI, FL 33178 US

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

CASTILLO PADRON, PEDRO D  
344 NE 167TH ST  
MIAMI, FL 33162 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:

05/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CASTILLO PADRON, PEDRO D  
Address: CALLE 72 ENTRE AV 15A Y 16  
City-St-Zip: MARACAIDO, VA ZULIA VE

Title: VP  
Name: CASTILLO MUSALY, PEDRO L  
Address: CALLE 72 ENTRE AV 15A Y 16  
City-St-Zip: MARACAIDO, ED ZULIA VE

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: JOSE MARCOS CASTILLO

MR

05/02/2012

Electronic Signature of Signing Officer or Director

Date