

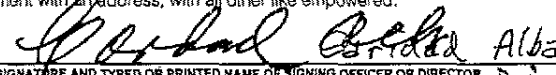


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000006111			
1. Entity Name CRUZ MEDICAL SUPPLIES INC.			
Principal Place of Business 742 E 20TH STREET HIALEAH, FL 33013 US	Mailing Address 742 E 20TH STREET HIALEAH, FL 33013 US		
DO NOT WRITE IN THIS SPACE			
		01272007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0384471	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
6. Name and Address of Current Registered Agent ALBA, CARIDAD 742 EAST 20TH ST. HIALEAH, FL 33013		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		000000611718 02/02/07-80075-001 150.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ALBA, CARIDAD 742 E 20TH STREET HIALEAH, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		01/27/07 (305) 362-7443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director		Date Daytime Phone #	