# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2008**
**Secretary of State**

DOCUMENT# P93000006111

**Entity Name:** CRUZ MEDICAL SUPPLIES INC.

**Current Principal Place of Business:**

857 PALM AVE
HIALEAH, FL 33010 US

**New Principal Place of Business:**

**Current Mailing Address:**

857 PALM AVE
HIALEAH, FL 33010 US

**New Mailing Address:**

**FEI Number: 65-0384471** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JIMENEZ, CLARIBEL
857 PALM AVE
HIALEAH, FL 33010 US

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

MAGARINO, NIDIA
857 PALM AVE
HIALEAH, FL 33010 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: NIDIA MAGARINO 03/28/2008
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: JIMENEZ, CLARIBEL
Address: 857 PALM AVE
City-St-Zip: HIALEAH, FL 33010 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MAGARINO, NIDIA
Address: 857 PALM AVE
City-St-Zip: HIALEAH, FL 33010 US

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: NIDIA MAGARINO P 03/28/2008
Electronic Signature of Signing Officer or Director Date