

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90199 050 ***150.00

DOCUMENT # P93000056943 1. Entity Name ACTION BEST MEDICAL SUPPLIES, INC.					
Principal Place of Business 5370 PALM AVE STE 8 HIALEAH, FL 33012			Mailing Address 5370 PALM AVE STE 8 HIALEAH, FL 33012		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-0429682				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, MARIA T 5370 PALM AVE STE 8 HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE 5/9/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, MARIA T 5370 PALM AVE #8 HIALEAH, FL 33012	☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 5/9/05 (305) 558-2746 Daytime Phone #	