

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000012439

FILED
Mar 28, 2007
Secretary of State

Entity Name: GISELLE MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

917 SW 87 AVE
MIAMI, FL 33174 US

New Principal Place of Business:

13275 SW 136TH STREET
OFFICE #13
MIAMI, FL 33186 US

Current Mailing Address:

917 SW 87 AVE
MIAMI, FL 33174 US

New Mailing Address:

13275 SW 136TH STREET
OFFICE #13
MIAMI, FL 33186 US

FEI Number: 65-0555044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERBERG, PAUL K
SILVERBERG & ASSOCIATES, PA
2665 EXECUTIVE PARK DR, SUITE 2
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GODOY, NESTOR
Address: 917 SW 87 AVE
City-St-Zip: MIAMI, FL 33174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GODOY, NESTOR
Address: 13275 SW 136TH STREET, OFFICE #13
City-St-Zip: MIAMI, FL 33186 US

I hereby certify that the information supplied with this filing does not qualify for the 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: NESTOR GODOY

PD

03/28/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date