


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90056 015 ***150.00

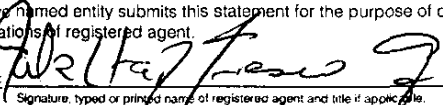
DOCUMENT # P95000014469	
1. Entity Name LABOMED SUPPLIES CORP.	

Principal Place of Business 8228 NW 68 STREET MIAMI, FL 33166 US	Mailing Address 8228 NW 68 STREET MIAMI, FL 33166 US
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2. Principal Place of Business - No P.O. Box # 5856 West 21 Court	3. Mailing Address 5856 West 21 Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

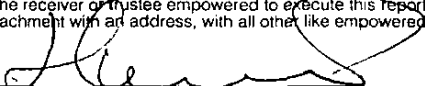
City & State Hialeah, FL	City & State Hialeah, FL
Zip 33016	Country USA

6. Name and Address of Current Registered Agent PERDOMO, HUGO 15121 SW 144 CT. MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Walter O Fiesco Street Address (P.O. Box Number is Not Acceptable) 1820 West 53 Street # 305 City Hialeah FL Zip Code 33016	
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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 2/16/07
(NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALVAREZ, FRANCISCO CALLE 88, 32-49 BOGOTA, COLOMBIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Francisco Alvarez 5856 West 21 Court Hialeah, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ALVAREZ, JESUS A DIAGONAL 105, 31-12 BUCARAMANGA, COLOMBIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIESCO, WALTER O 1820 WEST 53 STREET APT 305 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERDOMO, HUGO 15121 SW 144 CT. MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 2/16/07 786-402-2960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

40021714



02162007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4623758	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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