

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000032685

1. Entity Name
GIRON MEDICAL SUPPLIES, INC.



FILED

06 FEB -6 AM 11:20

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business

893 SW 86TH CT
MIAMI, FL 33144 US

Mailing Address

893 SW 86TH CT
MIAMI, FL 33144 US



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0575540

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERREIRO, IFRAIN M
160 S.W. 130 AVE
MIAMI, FL 33184

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERREIRO, IFRAIN M
STREET ADDRESS 160 S.W. 130 AVE
CITY-ST-ZIP MIAMI, FL 33184

TITLE
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01/19/06-80041-024 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

Date

(305) 269-7452

Daytime Phone #