2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2006 8:00 am DOCUMENT # P96000082631 **Secretary of State** 1. Entity Name 03-06-2006 90032 014 ***150.00 MEDTECH SUPPLIER, INC. Principal Place of Business Mailing Address 8055 NW 8 ST 8055 NW 8 ST UNIT 1 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business Mailing Address 2550 NW 72nd. Ave. 2550 NW 72nd. Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0699580 Miami, FL Miami, FL Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 33122 Fee Required 33122 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANTOAN, AGNALDO 8055 NW 8 STREET #1 Mantoan, Agnaldo Street Address (P.O. Box Number is Not Acceptable) 2550 NW 72nd. Ave. # 103 MIAMI FL 33126 Miami 8. The above named entity submits this statement of 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. Agnaldo Mantoan SIGNATURE Signature, typed or p (NOTE: Registered Agent signature required when roinslating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Addition Mantoan, Agnaldo 2550 NW 72nd. Ave. # 103 NAME MANTOAN, AGNALDO NAME STREET ADDRESS 8055 NEW 8 STREET #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33122 MIAMI FL 33126 TITLE ☐ Delete Change TIRE ☐ Addition Mantoan, Rute P. MANTOAN, RUTE P NAME STREET ADDRESS 8055 NW 8 STREET #1 2550 NW 72nd. Ave. # 103 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP Miami, FL 33122 Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Agnaldo Mantoan

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

2/24/06

Date

(305)468-3991

Daytime Phone #

FILED