

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90030 001 ***600.00

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1. Entity Name
GIJE MEDICAL SUPPLY, CORP.



Principal Place of Business
**357 NW JEYUNE RD.
102
MIAMI, FL 33126**

Mailing Address
**1393 SW 1ST ST
440
MIAMI, FL 33135**

66005886



2. Principal Place of Business
**351 NW LeJeune Rd
Suite, Apt. #, etc.
Suite 102**

3. Mailing Address
Same.

03122005 Chg-P CR2E034 (10/03)

City & State
miami

City & State

4. FEI Number
65-0770137

Applied For
Not Applicable

Zip
33126

Country
FL

Zip

Country

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

6. Name and Address of Current Registered Agent

**VASQUEZ, MARGARITA
357 NW JEYUNE RD.
#102
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
351 NW LeJeune Rd #102
City **miami** **FL** **FL** Zip Code **33126**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **VASQUEZ, MARGARITA**
STREET ADDRESS **351 NW LAJEUNE RD #102**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **VP** ☐ Delete
NAME **MARTINEZ, LAZARO**
STREET ADDRESS **351 NW LAJEUM RD #102**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **351 NW LeJeune Rd #102**
STREET ADDRESS **miami** **FL** **33126**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Same**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #