

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000009767

FILED
Mar 15, 2006
Secretary of State

Entity Name: ALFA - DELTA PROFESSIONAL AND HOME MEDICAL SUPPLY CO, INC.

Current Principal Place of Business:

3526 W FLAGLER ST
MIAMI, FL 33135

New Principal Place of Business:

3526 WEST FLAGLER STREET
MIAMI, FL 33135

Current Mailing Address:

3526 W FLAGLER ST
MIAMI, FL 33135

New Mailing Address:

3526 WEST FLAGLER STREET
MIAMI, FL 33135

FEI Number: 65-0891092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELBART, HELGA Y
2025 N.E. 64TH ST.
#307
NORTH MIAMI, FL 33162 US

Name and Address of New Registered Agent:

LAFFITTE, HELGA Y
3526 WEST FLAGLER STREET
MIAMI, FL 33135 US

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: HELGA Y. LAFFITTE

03/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GELBART, HELGA Y
Address: 2025 N.E. 164TH ST. #307
City-St-Zip: NORTH MIAMI, FL 33162

Title: PD () Delete
Name: LAFFITTE, DANIEL V
Address: 6875 W. FLAGLER ST., #401
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: LAFFITTE, HELGA Y
Address: 3526 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

Title: PD (X) Change () Addition
Name: LAFFITTE, DANIEL
Address: 3526 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

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: HELGA Y. LAFFITTE

S

03/15/2006

Electronic Signature of Signing Officer or Director

Date