


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90412 009 \*\*\*150.00

DOCUMENT # <b>P99000107488</b>	
1. Entity Name <b>HARVARD WHOLESALE AND MEDICAL SUPPLIES CORP.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>2869 SW 69th COURT</b>		3. Mailing Address <b>2869 SW 69th COURT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33155</b>	Country <b>USA</b>	Zip <b>33155</b>	Country <b>USA</b>

**94080092**

DO NOT WRITE IN THIS SPACE

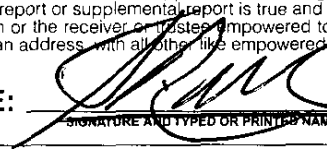
<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>22-3704372</b>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <b>SERGIO R. ROSALES SR.</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>2869 SW 69th COURT</b>			
City <b>MIAMI</b>			FL Zip Code <b>33155</b>

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
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SERGIO R. ROSALES, SR.</b> <b>2869 SW 69th COURT</b> <b>MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>RUTH MARINA ROSALES</b> <b>2869 SW 69th COURT</b> <b>MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Ernesto ROSALES</b> <b>2869 SW 69th COURT</b> <b>MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RUTH ROSALES MONTERO</b> <b>2869 SW 69th COURT</b> <b>MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M/D</b> <b>SERGIO R. ROSALES, JR.</b> <b>2869 SW 69th COURT</b> <b>MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address with all other like empowered.

**SIGNATURE:**  **04-28-04** **305 266-6975**

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone #

CR2E034B (12/02)