2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 07, 2007
Secretary of State

DOCUMENT# S01701

Entity Name: BEST MEDICAL AND HOSPITAL SUPPLIERS, INC.

Current Principal Place of Business:

450 E. 9TH STREET
HIALEAH, FL 33010

New Principal Place of Business:

801 BRICKELL BAY DRIVE
1504
MIAMI, FL 33131

Current Mailing Address:

450 E. 9TH STREET
HIALEAH, FL 33010

New Mailing Address:

801 BRICKELL BAY DRIVE
1504
MIAMI, FL 33131

FEI Number: 65-0222606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDINA, RAUL
450 EAST 9 STREET
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

RENGIFO, EDGAR
801 BRICKELL BAY DRIVE
1504
MIAMI, FL 33131 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: EDGAR RENGIFO 08/07/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MEDINA, RAUL,
Address: 450 E. 9TH STREET
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RENGIFO, EDGAR
Address: 801 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify 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: EDGAR RENGIFO P 08/07/2007
Electronic Signature of Signing Officer or Director Date