

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000025212

**Entity Name:** C.A.C. MEDICAL SALES CORP.

**Current Principal Place of Business:**

13435 SW 128 ST  
#109  
MIAMI, FL 33186

**Current Mailing Address:**

13435 SW 128 ST  
#109  
MIAMI, FL 33186 US

**FEI Number:** 65-0986395

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORTES, CESAR  
13435 SW 128 ST  
109  
MIAMI, FL 33186 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CORTES, CESAR  
Address 17101 SW 172 AVE  
City-State-Zip: MIAMI FL 33187

Title SECRETARY  
Name CORTES, CALVIN A  
Address 13435 SW 128 ST  
#109  
City-State-Zip: MIAMI FL 33186

*I hereby 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 all other like empowered.*

**SIGNATURE:** CESAR CORTES

**PRESIDENT**

**03/15/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date