

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000070714

**Entity Name:** DACAJ MEDICAL SUPPLIERS, INC.

**Current Principal Place of Business:**

2019 NW 84 AVENUE  
107  
DORAL, FL 33122

**Current Mailing Address:**

2019 NW 84 AVENUE  
107  
DORAL, FL 33122 US

**FEI Number:** 46-3510775

**Certificate of Status Desired:** No

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

HERNANDEZ, AMY  
7968 NW 18 COURT  
PEMBROKE PINES, FL 33024 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            PRESIDENT  
Name            RIBEIRO, CARLOS  
Address        2019 NW 84 AVENUE  
                  107  
City-State-Zip: DORAL FL 33122

Title            VP  
Name            PERERA, BODIYABADUGE  
Address        2019 NW 84 AVENUE  
                  107  
City-State-Zip: DORAL FL 33122

Title            SECRETARY  
Name            CASTRO, JULIE M  
Address        2019 NW 84 AVENUE  
                  107  
City-State-Zip: DORAL FL 33122

*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:** CARLOS RIBEIRO

**PRESIDENT**

**04/08/2014**

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

\_\_\_\_\_  
Date