

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108626

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: G E DIABETIC SUPPLY, INC.

## Current Principal Place of Business:

4400 N. FEDERAL HWY  
29  
BOCA RATON, FL 33431 34

## Current Mailing Address:

4400 N. FEDERAL HWY  
29  
BOCA RATON, FL 33431 34

FEI Number: 13-4303535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

810 SE 8TH AVENUE  
B  
DEERFIELD BEACH, FL 33441 56

## New Mailing Address:

810 SE 8TH AVENUE  
B  
DEERFIELD BEACH, FL 33441 56

## Name and Address of Current Registered Agent:

OHAYON, GABRIEL  
7989 CHULA VISTA CR  
BOCA RATON, FL 33433 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OHAYON, ESTHER  
Address: 7989 CHULA VISTA CR  
City-St-Zip: BOCA RATON, FL 33433

Title: VP ( ) Delete  
Name: OHAYON, GABRIEL  
Address: 7989 CHULA VISTA CR  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: OHAYON, GABRIEL  
Address: 7989 CHULA VISTA CR  
City-St-Zip: BOCA RATON, FL 33433

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: GABRIEL OHAYON

DIR

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date