

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048986

FILED
Apr 30, 2004
Secretary of State

Entity Name: DOLPHIN MEDICAL SUPPLIES CORP.

Current Principal Place of Business:

2485 WEST 76TH STREET, #105
HIALEAH, FL 33016

New Principal Place of Business:

2415 W 80 STREET
7
HIALEAH, FL 33016

Current Mailing Address:

2485 WEST 76TH STREET, #105
HIALEAH, FL 33016

New Mailing Address:

2415 W 80 ST
7
HIALEAH, FL 33016

FEI Number: 52-0012967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMANZA, PEDRO J
1910 WEST 56 STREET, #3306
HIALEAH, FL 33012 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: PD () Delete
Name: ALMANZA, PEDRO J
Address: 1910 WEST 56 STREET, #3306
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PEDRO ALMANZA

PD

04/30/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date