

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030145

FILED
Apr 29, 2004
Secretary of State

Entity Name: TRANSMEDICAL SUPPLY INC.

Current Principal Place of Business:

8181 N.W. 36 ST., S TE. 16A
MIAMI, FL 33166

New Principal Place of Business:

5300 N.W. 77 COURT, SUITE 202
MIAMI, FL 33166

Current Mailing Address:

8181 N.W. 36 ST., S TE. 16A
MIAMI, FL 33166

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LEON, OSVALDO
8181 N.W. 36 ST., STE. 16
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

DE LEON, OSVALDO
5300 N.W. 77 COURT, SUITE 202
MIAMI, FL 33166 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: OSVALDO DE LEON

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: DE LEON, OSVALDO
Address: 8181 N.W. 36 ST., STE. 16A
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: DE LEON, OSVALDO
Address: 5300 N.W. 77 COURT, SUITE 202
City-St-Zip: MIAMI, FL 33166

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: OSVALDO DE LEON

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04/29/2004

Electronic Signature of Signing Officer or Director

Date