


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000002098</b> 1. Entity Name TRI-STATE SURGICAL SUPPLY & EQUIPMENT LTD. INC.	
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Principal Place of Business 19599 NE 10TH AVENUE NORTH MIAMI BEACH, FL 33179	Mailing Address 409 HOYT STREET BROOKLYN, NY 11231
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01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2392995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  YONA, DAVID 4485 NAUTILUS DRIVE MIAMI, FL 33140
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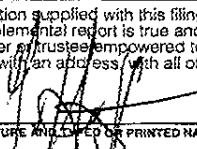
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000088531 03/15/04-80054-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOFFMAN, GEORGE 1845-55 STREET BROOKLYN, NY 11204
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.
<b>SIGNATURE:</b>  <b>GEORGE HOFFMANN</b> <b>FEB 27, 2004</b> <b>(718) 624 1000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>