


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # H11253 1. Entity Name ADVENTURA SICKROOM SUPPLY, INC. |  |
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| Principal Place of Business C/O LISA LEHMAN 136 S. FEDERAL HWY HALLANDALE, FL 33009 US | Mailing Address 136 S FEDERAL HWY HALLANDALE, FL 33009 US |
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01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2419358 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LEHMAN, LISA 136 S FEDERAL HWY HALLANDALE, FL 33009 |
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered agent signature required when reinstated) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LEHMAN, LISA 136 S FEDERAL HWY HALLANDALE, FL 33009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HATCHER, DIANE 912 NE 4 CT HALLANDALE, FL 33009 |
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01/15/04-80057-025 158.75

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:  1/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #