

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000023259

1. Entity Name
ROYAL DISPOSABLE MEDICAL & SAFETY SUPPLIES,
INC.



Principal Place of Business
2055 REAR NE 151ST ST.
N MIAMI BEACH, FL 33162

Mailing Address
PO BOX 630275
NORTH MIAMI BEACH, FL 33163

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0988861

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASSAGNE, SABRINA ESQ
ONE N.E. 2ND AVE., STE. 208
MIAMI, FL 33132

**DO NOT WRITE
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	VP
NAME	DARWISH, SASSON
STREET ADDRESS	2055 REAR NE 151ST STREET
CITY - ST - ZIP	N MIAMI BEACH, FL 33162
TITLE	VPS
NAME	DARWISH, SALEH
STREET ADDRESS	2055 REAR NE 151ST STREET
CITY - ST - ZIP	N MIAMI BEACH, FL 33162
TITLE	P
NAME	DARWISH, VILMA
STREET ADDRESS	2055 REAR NE 151ST STREET
CITY - ST - ZIP	N MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/04-80048-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

Daytime Phone #