2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000108293

1. Entity Name
AMERICA-WIDE MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
7288 NW 8 STREET MIAMI, FL 33126	7288 NW 8 STREET MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

03242004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1057507	Not Applicable

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

6. Name and Address of Current Registered Agent

CASTANEDA, CARLOS L
6331 SW 94 AVENUE
MIAMI, FL 33173

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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_____

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   **$5.00** May Be
Trust Fund Contribution.   ☐   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CASTANEDA, CARLOS L
STREET ADDRESS	6331 SW 94 AVENUE
CITY-ST-ZIP	MIAMI, FL 33173

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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)(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: _____   3-26-04   3053646535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #