

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032366

Entity Name: WORLD MEDICAL SUPPLIERS, INC.

FILED
Jan 11, 2004
Secretary of State

Current Principal Place of Business:

136 BEACOM BLVD.
MIAMI, FL 33135

New Principal Place of Business:

210 SW 22 AVENUE
MIAMI, FL 33135

Current Mailing Address:

136 BEACOM BLVD.
MIAMI, FL 33135

New Mailing Address:

210 SW 22 AVENUE
MIAMI, FL 33135

FEI Number: 65-1090533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, RAFAEL
7506 W 20 AVE #201
HIALEAH, FL 33016

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GARCIA, RAFAEL
Address: 7506 W 20 AVE #201
City-St-Zip: HIALEAH, FL 33016

Title: DV (X) Delete
Name: RODRIGUEZ, GERARDO
Address: 14642 SW 101 ST
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change () Addition
Name: GARCIA, RAFAEL
Address: 7506 W 20 AVE #201
City-St-Zip: HIALEAH, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAFAEL GARCIA

P,VP

01/11/2004

Electronic Signature of Signing Officer or Director

Date