

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087976

Entity Name: C.M. MEDICAL'S, INC.

FILED
Apr 15, 2004
Secretary of State

Current Principal Place of Business:

9040 COLLINS AVE, #15
MIAMI BEACH, FL 33154

New Principal Place of Business:

Current Mailing Address:

9040 COLLINS AVE, #15
MIAMI BEACH, FL 33154

New Mailing Address:

FEI Number: 65-1145654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEFINA M. PEREZ-COFINO, P.A.
5040 NW 7TH ST, SUITE 610
MIAMI, FL 33126 US

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: PSTD () Delete
Name: D'ERRICO, CARLOS C
Address: 9040 COLLINS AVE, #15
City-St-Zip: MIAMI BEACH, FL 33154

Title: VD () Delete
Name: SANTORELLI, MONICA N
Address: 9040 COLLINS AVE, #15
City-St-Zip: MIAMI BEACH, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: D'ERRICO CARLOS C

PSDT

04/15/2004

Electronic Signature of Signing Officer or Director

Date