

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90034 044 ***158.75

DOCUMENT # P01000099795

1. Entity Name
TARANO MEDICAL SUPPLY, INC.



Principal Place of Business
**717 PONCE DE LEON BLVD #236
CORAL GABLES, FL 33134**

Mailing Address
**717 PONCE DE LEON BLVD #236
CORAL GABLES, FL 33134**

2. Principal Place of Business
6033 sw 8 st

3. Mailing Address
6033 sw 8 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
miami, fl

City & State
miami fl.

Zip
33144

Country
dade

Zip
33144

Country
dade

02172004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1156749

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TARANO, ROBIEL
15520 SW 209 AVE
MIAMI, FL 33187**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 PD ☐ Delete
NAME **TARANO, ROBIEL**
STREET ADDRESS **15520 SW 209 AVE**
CITY-ST-ZIP **MIAMI, FL 33187**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #