

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008626

FILED
May 25, 2004
Secretary of State

Entity Name: SANDDY MEDICAL SUPPLY, CORP.

Current Principal Place of Business:

4343 W FLAGLER STREET
STE 200-F
MIAMI, FL 33134

New Principal Place of Business:

4343 W FLAGLER STREET
STE 302-I
MIAMI, FL 33134

Current Mailing Address:

4343 W FLAGLER STREET
STE 200-F
MIAMI, FL 33134

New Mailing Address:

4343 W FLAGLER STREET
STE 302-I
MIAMI, FL 33134

FEI Number: 03-0378737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, SANDRA
420 W 17 ST #16
HIALEAH, FL 33010

Name and Address of New Registered Agent:

FERNANDEZ, NELSON
4343 W. FLAGLER STREET
STE 302-I
MIAMI, FL 33134

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: NELSON FERNANDEZ

05/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARTINEZ, SANDRA
Address: 420 W 17 ST #16
City-St-Zip: HIALEAH, FL 33010

Title: DP (X) Delete
Name: SUAREZ, FREDDY
Address: 420 W 17 ST #16
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FERNANDEZ, NELSON
Address: 4343 W. FLAGLER STREET, SUITE 302-I
City-St-Zip: MIAMI, FL 33134

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: NELSON FERNANDEZ

P/D

05/25/2004

Electronic Signature of Signing Officer or Director

Date