


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000017124**  
1. Entity Name  
**CHOY MEDICAL SUPPLY INC.**



Principal Place of Business  
**12440 SW 11 TERRACE  
MIAMI, FL 33184**

Mailing Address  
**12440 SW 11 TERRACE  
MIAMI, FL 33184**

**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**09-3600878**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**GONZALEZ-RODILES, XENIA  
12440 SW 11 TERRACE  
MIAMI, FL 33184**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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**

U00000024338  
02/02/04-80061-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GONZALEZ-RODILES, XENIA 12440 SW 11 TERR MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHOY, NOELI 12440 SW 11 TERR MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHOY, RENE J 12440 SW 11 TERR MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Xenia Gonzalez-Rodiles* **Xenia Gonzalez-Rodiles** 1/27/04 (305) 663-9633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #