


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000027079		
1. Entity Name MEDICAL SUPPLIES U.S.A. CORPORATION		

Principal Place of Business 8035 S.W. 15 STREET MIAMI, FL 33144	Mailing Address P.O. BOX 0856 MIAMI, FL 33144
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2. Principal Place of Business 1830NW 75th #1005 Suite, Apt. #, etc. 1005	3. Mailing Address PO BOX 0856 Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
Zip 33125	Zip 33144
Country USA	Country USA

6. Name and Address of Current Registered Agent VILLAR, JACOBO 8035 S.W. 15 STREET MIAMI, FL 33144	
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FILED
04 MAY -6 AM 11:13
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



05052004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0564464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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:  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP	<input type="checkbox"/> Delete
NAME VILLAR, MANUEL E	
STREET ADDRESS 8035 S.W. 15 STREET	
CITY-ST-ZIP MIAMI, FL 33144	
TITLE P	<input type="checkbox"/> Delete
NAME VILLAR, JACOBE	
STREET ADDRESS 1830 N.W. 2 ST., STE. 1005	
CITY-ST-ZIP MIAMI, FL 33125	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600036058 PTE
05/11/04--01047--029 **150.00

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 #

2042

MEDICAL SUPPLIES U S A CORPORATION
1830 N.W. 7 ST.SUITE 1005
MIAMI.FL.33125
PH: (786) 344-8143

CORPORATION ANNUAL REPORT

MAY 5,2004

GENTLEMEN:

I HAD A COLON CANCER OPERATION AND MY MEMORY IS
NOT VERY GOOD ,I APOLOGIZE FOR THE INCONVINIENCE.. DUE TO THIS
AND THE TREATMENT OF CHEMOTHERAPY.

THE DOCTOR THAT IS PERFORMING THE CHEMO THERAPY IS DR: GARCIA,
AT MERCY'S HOSPITAL FACILITIESAT 3631 SOUTH MIAMI.AVE.MIAMI
FL.33133 TELEPHONE (305) 556-6753. I AUTHORIZE YOU TO VERIED THIS.
THANKS IN ADVANCE FOR YOUR HELP.

SINCERELY



JACOBO VILLAR
PRESIDENT