

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90415 017 ***150.00

DOCUMENT # P02000040059					
1. Entity Name WALTER MEDICAL SUPPLIES, INC.					
Principal Place of Business 692 WEST 29TH ST. #8 HIALEAH, FL 33012			Mailing Address 8711 NW 151 TERR. MIAMI LAKE, FL 33018 <i>C/O</i>		
2. Principal Place of Business			3. Mailing Address <i>LOPEZ ACCOUNTING</i>		
Suite, Apt. #, etc.			<i>1800 W. 49 ST #201</i>		
City & State			<i>Hialeah, FL</i>		
Zip		Country		<i>33012 USA</i>	
6. Name and Address of Current Registered Agent TAMAYO, GLADYS C 8711 NW 151 TERR. HIALEAH, FL 33018				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 reappointing) <small>Signature, typed or printed name of registered agent and title, if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAMAYO, GLADYS C 95 WEST 60TH ST. HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAMAYO, GLADYS C. 692 W. 29 ST. #8 Hialeah, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Glady's C. Tamayo, Pres. 2/25/04</i> 305-825-3537					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					