


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90403 031 \*\*\*150.00

<b>DOCUMENT # P02000041066</b>	
<b>1. Entity Name</b> CAPRI MEDICAL SUPPLY, INC.	

<b>Principal Place of Business</b> 11117 WEST OKEECHOBEE ROAD SUITE 107 HIALEAH GARDENS FL 33018	<b>Mailing Address</b> 11117 WEST OKEECHOBEE ROAD SUITE 107 HIALEAH GARDENS FL 33018
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<b>2. Principal Place of Business</b> Same as above	<b>3. Mailing Address</b> Same
Suite, Apt. #, etc. 11	Suite, Apt. #, etc. 11
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 03-0619320	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SOTOLONG, ALBERTO 3375 WEST 76 ST MIAMI FL 33016	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

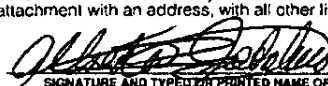
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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:**  **3/23/04** **786-586-6440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #