

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90027 021 ***150.00

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1. Entity Name

VIDA MEDICAL SUPPLIES CORPORATION



Principal Place of Business

1440 W. 50 PL
408
HIALEAH FL 33012

Mailing Address

14901 SW 4 STREET APT A2
PEMBROKE PINES FL 33027

2. Principal Place of Business

1140 W. 50 STREET
Suite, Apt. #, etc.
408

3. Mailing Address

1140 W. 50 STREET
Suite, Apt. #, etc.
408

City & State

HIALEAH

City & State

HIALEAH

Zip

33012

Country

Miami-Dade

Zip

33012

Country

Miami-Dade

4. FEI Number

04-3679251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVE, MAHE F
14901 SW 4 STREET APT A2
PEMBROKE PINES FL 33027

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

Mahe F. Olive (President)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/02/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTS ☐ Delete
NAME OLIVE, MAHE F
STREET ADDRESS 14901 SW 4 STREET APT A2
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE VC ☐ Delete
NAME OLIVE, JUAN C
STREET ADDRESS 1163 NW 124 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE VM ☐ Delete
NAME YORDANY, OJEDA
STREET ADDRESS 14901 SW. 4 STREET A-2
CITY-ST-ZIP HOLLYWOOD FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #