2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004
Secretary of State

DOCUMENT# P02000066368

Entity Name: GOLDSTAR MEDICAL & HOSPITAL SUPPLY, INC.

Current Principal Place of Business:

1530 WEST 49TH STREET
HIALEAH, FL 33012

New Principal Place of Business:

7911 NW 72ND AVE. STE. 220B
MEDLEY, FL 33166

Current Mailing Address:

1530 WEST 49TH STREET
HIALEAH, FL 33012

New Mailing Address:

7911 NW 72ND AVE. STE. 220B
MEDLEY, FL 33166

FEI Number: 41-2048468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAZQUEZ, ORLANDO
7911 N.W. 72 AVE., #220
HIALEAH, FL 33166 US

Name and Address of New Registered Agent:

VAZQUEZ, ORLANDO
7911 N.W. 72 AVE., #220
MEDLEY, FL 33166 US

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.

SIGNATURE: ORLANDO VAZQUEZ 02/03/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: VAZQUEZ, ORLANDO
Address: 7911 N.W. 72 AVE., #220
City-St-Zip: MIAMI, FL 33166

Title: D/V ( ) Delete
Name: GARMA, CARIDAD
Address: 1165 W 49TH ST #103
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: VAZQUEZ, ORLANDO
Address: 7911 N.W. 72 AVE., #220
City-St-Zip: MEDLEY, FL 33166

Title: D/V (X) Change ( ) Addition
Name: GARMA, CARIDAD
Address: 7911 NW 72 AVE. #220B
City-St-Zip: MEDLEY, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORLANDO VAZQUEZ PTSD 02/03/2004
Electronic Signature of Signing Officer or Director Date