2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P02000066368

Entity Name: GOLDSTAR MEDICAL & HOSPITAL SUPPLY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

7911 NW 72ND AVE
220B
MEDLEY, FL 33166

Current Mailing Address:

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

New Mailing Address:

7911 NW 72ND AVE
220B
MEDLEY, FL 33166

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CHAVEZ, CAROLINA
7911 N.W. 72 AVE
220B
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: CAROLINA CHAVEZ 04/21/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: D/V (X) Delete
Name: VAZQUEZ, ORLANDO
Address: 7911 NW 72 AVE. #220B
City-St-Zip: MEDLEY, FL 33166

Title: VS (X) Delete
Name: GONZALEZ, MARICELA E
Address: 7911 NW 72 AVE. #220B
City-St-Zip: MEDLEY, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CAROLINA CHAVEZ P 04/21/2005
Electronic Signature of Signing Officer or Director Date