2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2004
Secretary of State

DOCUMENT# P02000096616

Entity Name: HAMMOCKS MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

175 FOUNTAINBLEAU BLVD.
SUITE 1R8
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

175 FOUNTAINBLEAU BLVD.
SUITE 1R8
MIAMI, FL 33172

New Mailing Address:

6440 MAED STREET
HOLLYWOOD, FL 33024

FEI Number: 04-3712011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAZARO, SANDRA
35 MENORES AVENUE #1
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DIAZ, MERCEDES M
175 FOUNTAINBLEAU BLVD.
SUITE 1R8
MIAMI, FL 33172 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: MERCEDES M. DIAZ 06/17/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: LAZARO, SANDRA
Address: 35 MENORES AVENUE APT 1
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: LAZARO, SANDRA
Address: 35 MENORES AVENUE APT 1
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: DIAZ, MERCEDES M
Address: 175 FOUNTAINEBLEAU BLVD #1R8
City-St-Zip: MIAMI, FL 33172

Title: D (X) Change ( ) Addition
Name: DIAZ, MERCEDES M
Address: 175 FOUNTAINEBLEAU BLVD #1R8
City-St-Zip: MIAMI, FL 33172

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: MERCEDES M. DIAZ P/D 06/17/2004
Electronic Signature of Signing Officer or Director Date