

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100753

FILED
May 06, 2004
Secretary of State

Entity Name: SEIJO MEDICAL SUPPLY INC.

Current Principal Place of Business:

11117 W OKEECHOBEE RD.
SUITE 119
HIALEAH GARDENS, FL 33018

Current Mailing Address:

11117 W OKEECHOBEE RD.
SUITE 119
HIALEAH GARDENS, FL 33018

FEI Number: 13-4211032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIJO, JOSE LUIS
16520 NW 91ST CT
MIAMI LAKES, FL 33018 US

New Principal Place of Business:

11117 W. OKEECHOBEE RD.
SUITE 119
HIALEAH GARDENS, FL 33018

New Mailing Address:

11117 W. OKEECHOBEE RD.
SUITE 119
HIALEAH GARDENS, FL 33018

Name and Address of New Registered Agent:

HERNANDEZ, ORLEANS
11117 W. OKEECHOBEE RD.
HIALEAH GARDENS, FL 33018 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: ORLEANS HERNANDEZ

05/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEIJO, JOSE LUIS
Address: 16520 NW 91ST CT.
City-St-Zip: MIAMI LAKES, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: HERNANDEZ, ORLEANS
Address: 11117 W. OKEECHOBEE RD., STE 119
City-St-Zip: HIALEAH GARDENS, FL 33018

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: ORLEANS HERNANDEZ

DPS

05/06/2004

Electronic Signature of Signing Officer or Director

Date