

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107789

FILED
Apr 15, 2004
Secretary of State

Entity Name: NEW DAY PHARMACY MEDICAL EQUIPMENT INC.

Current Principal Place of Business:

1802 EAST 4TH AVE.
HIALEAH, FL 33010

New Principal Place of Business:

1802 EAST 4TH AVE
HIALEAH, FL 33010

Current Mailing Address:

1822 EAST 4TH AVE.
HIALEAH, FL 33010

New Mailing Address:

1802 EAST 4TH AVE
HIALEAH, FL 33010

FEI Number: 05-0534993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, JEANNETTE
142 W. 9TH ST.
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

PEREZ, JEANNETTE
1802 EAST 4TH AVE
HIALEAH, FL 33010

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: JEANNETTE PEREZ

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: PEREZ, JEANNETTE
Address: 1802 E. 4TH AVE.
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: PEREZ, JEANNETTE
Address: 1802 EAST 4TH AVE
City-St-Zip: HIALEAH, FL 33010

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: JEANNETTE PEREZ

PV

04/15/2004

Electronic Signature of Signing Officer or Director

Date