


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90051 006 ***150.00

DOCUMENT # P02000112045 1. Entity Name Twins Medical Supply, Inc.	
---	---

DO NOT WRITE IN THIS SPACE

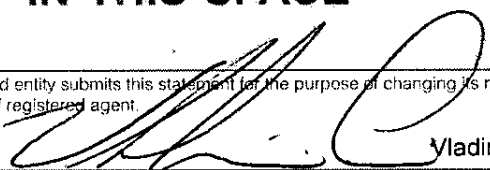
24017595

2. Principal Place of Business 1790 W. 49 Street Suite, Apt. #, etc. Suite 305-2 City & State Hialeah Zip 33012 Country Miami-Dade	3. Mailing Address 1790 W. 49 Street Suite, Apt. #, etc. Suite 305-2 City & State Hialeah Zip 33012 Country Miami-Dade	4. FEI Number 22-3877695 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable
--	--	---	---

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Vladimir Leon	
	Street Address (P.O. Box Number is Not Acceptable) 1790 W. 49 Street	
	City Miami,	FL Zip Code 33012

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Vladimir Leon / Registered Agent** **March 04, 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$650.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vladimir Leon / President 1790 W 49 Street Hialeah, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Vladimir Leon / President** **March 04, 04** **(305) 826-1115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)