

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126901

FILED  
Jul 23, 2004  
Secretary of State

Entity Name: ALL-STAR MEDICAL EQUIPMENT AND SUPPLIES INC.,

## Current Principal Place of Business:

9500 N.W. 79 AVENUE  
BAY #10  
HIALEAH GARDENS, FL 33016 US

## Current Mailing Address:

9500 N.W. 79 AVENUE  
BAY #10  
HIALEAH GARDENS, FL 33016 US

FEI Number: 06-1662997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FUERTE, OTNIEL  
9500 N.W. 79 AVENUE  
BAY#10  
HIALEAH GARDENS, FL 33016 US

## New Principal Place of Business:

12901 WEST OKEECHOBEE RD.  
#2  
HIALEAH GARDENS, FL 33018 US

## New Mailing Address:

12901 WEST OKEECHOBEE RD.  
#2  
HIALEAH GARDENS, FL 33018 US

## Name and Address of New Registered Agent:

PEREZ, MIGUEL A  
12901 WEST OKEECHOBEE RD.  
#2  
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: MIGUEL ANGEL PEREZ

07/23/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VTS ( ) Delete  
Name: FUERTE, ROXANA  
Address: 9500 NW 79 AVE., BAY 10  
City-St-Zip: HIALEAH GARDENS, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: PEREZ, MIGUEL A  
Address: 12901 OKEECHOBEE RD., #2  
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: MIGUEL ANGEL PEREZ

PDS

07/23/2004

Electronic Signature of Signing Officer or Director

Date