

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

FILED

04 JAN -6 PM 3:37


TALLAHASSEE FLORIDA

200025387082

12/10/03--01034--005 **61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000002955
 1. Entity Name
POWER MEDICAL SUPPLY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13500 S.W. 88TH Street Suite, Apt. #, etc. Suite # 285B		3. Mailing Address 13500 S.W. 88TH Street Suite, Apt. #, etc. Suite # 285B	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33186	Country Dade	Zip 33186	Country Dade

4. FEI Number 02-0662643	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

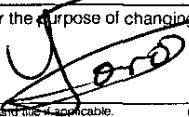
7. Name and Address of Current Registered Agent

Name **Yordanka Del Toro**

Street Address (P.O. Box Number is Not Acceptable)
13500 S.W. 88th Street

City **Miami** **FL** Zip Code **33186**

*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  DATE **11/19/2003**

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yordanka Del Toro VP 13500 S.W. 88th Street, Suite # 285 B Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200025387082 01/06/04--01039--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nelson Fernandez P 13500 S.W. 88th Street, Suite # 285 B Miami, FL 33186	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
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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:  **11/19/2003** (305) 207-3090

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

CR2E034B (12/02)

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