

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002955

FILED
Mar 02, 2004
Secretary of State

Entity Name: POWER MEDICAL SUPPLY, INC.

Current Principal Place of Business:

13550 S.W 88 ST
285-B
MIAMI, FL 33186

New Principal Place of Business:

13500 S.W 88 ST
285-B
MIAMI, FL 33186

Current Mailing Address:

13550 S.W 88 ST
285-B
MIAMI, FL 33186

New Mailing Address:

13500 S.W 88 ST
285-B
MIAMI, FL 33186

FEI Number: 02-0662643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL TORO, YORDANKA
13550 S.W 88 ST
285-B
MIAMI, FL 33186

Name and Address of New Registered Agent:

FERNANDEZ, NELSON
13500 S.W 88 ST
285-B
MIAMI, FL 33186

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: NELSON FERNANDEZ

03/02/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERNANDEZ, NELSON
Address: 13550 S.W 88 ST
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FERNANDEZ, NELSON
Address: 13500 S.W 88 ST
City-St-Zip: MIAMI, FL 33186

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: NELSON FERNANDEZ

P

03/02/2004

Electronic Signature of Signing Officer or Director

Date