

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023525

Entity Name: DM MEDICAL SUPPLY, INC.

FILED  
Mar 03, 2004  
Secretary of State

## Current Principal Place of Business:

6950 WEST 6TH AVENUE  
APARTMENT 511  
HIALEAH, FL 33014

## New Principal Place of Business:

## Current Mailing Address:

6950 WEST 6TH AVENUE  
APARTMENT 511  
HIALEAH, FL 33014

## New Mailing Address:

555 EAST 25 STREET  
SUITE 111  
HIALEAH, FL 330133839

FEI Number: 45-0503406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MAMPOSO, DANIEL  
6950 WEST 6TH AVENUE  
APARTMENT 511  
HIALEAH, FL 33014 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAMPOSO, DANIEL  
Address: 6950 WEST 6TH AVENUE #511  
City-St-Zip: HIALEAH, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DANIEL MANPOSO

P

03/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date