


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90780 001 *****8.75
04-26-2004 90780 002 ***150.00

DOCUMENT # P03000035632	
1. Entity Name MARIELY'S MEDICAL SUPPLIES, INC.	

Principal Place of Business 1455 NW 14TH ST MIAMI, FL 33125	Mailing Address 1455 NW 14TH ST MIAMI, FL 33125
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2. Principal Place of Business 6555 N.W. 36 St Suite, Apt. #, etc. 210	3. Mailing Address 6555 NW 36 St Suite, Apt. #, etc. 210
City & State Miami	City & State Miami
Zip FI	Country MIAMI, DADE
Zip 33166	Country U.S.A



04212004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2334009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORENO, ELENA 1455 NW 14TH ST MIAMI, FL 33125	
7. Name and Address of New Registered Agent Name: ELENA ALEMAN Street Address (P.O. Box Number is Not Acceptable) 6555 N.W. 36 St # 210 City: MIAMI FL Zip Code: 33166	

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: Elena Aleman DATE: 04/21/04

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORENO, ELENA 1455 NW 14TH ST MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALEMAN, ELENA 6555 NW 36 St # 210 MIAMI, FI 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ALEMAN, MARITZA 1455 NW 14TH ST MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aleman MARITZA-DPT 6555 N.W. 36 St 210 MIAMI, FI 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIVA, GRISELE 1455 NW 14TH ST MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIVA, GRISELE 6555 NW 36 St 210 MIAMI, FI 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **04/21/04 305 871-7606**

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