

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000043230

FILED
Oct 21, 2004
Secretary of State

Entity Name: ADRIANA MEDICAL SUPPLY INC.

Current Principal Place of Business:

13255 SW 57 TERRACE #9
MIAMI, FL 33183

New Principal Place of Business:

1800 W 49 ST
324-F
HIALEAH, FL 33012

Current Mailing Address:

13255 SW 57 TERRACE #9
MIAMI, FL 33183

New Mailing Address:

1800 W 49 ST
324-F
HIALEAH, FL 33012

FEI Number: 20-0017931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABRERO, HAYDEE M
13255 SW 57 TERRACE #9
MIAMI, FL 33183 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: D () Delete
Name: CABRERO, HAYDEE M
Address: 13255 SW 57 TERRACE #9
City-St-Zip: MIAMI, FL 33183

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: HAYDEE CABRERO

PRES

10/21/2004

Electronic Signature of Signing Officer or Director

_____ Date