FOR PROFIT CORPORATION **UNIFORM RUSINESS REPORT (URR)**

FILED Apr 19, 2004 8:00 am Secretary of State

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DOCUMENT # P03000043766						04-19-2004 90353 023 ***150.00			
M&NN	Medical Supplies,Inc.								
	DO NOT WRITE	IN THIS	SPAC	E	=				
7 Principal D	Place of Business	3. Mailing Address	r			1			
	Vest Wlagler Street	7321-A West Wlagler Street							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat Miami,Fl	е	City & State Miami, FI			4. Fi	41-2091657		Applied For Not Applicable	
^{Zip} 33144	Country Miami-Dade			try ni-Dade	L	5. Certificate of Status Desired S8.75 Additional Fee Required			
2			Name	7. Name and Address of Current Registered Agent					
DO NOT WRITE					Name Gladys Garmendia				
DO NOT WRITE IN THIS SPACE				Street Ad	Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE				L		West Wlagler Street			
,	· · · · · · · · · · · · · · · · · · ·	:		City Mia				Code 144	
	e named entity submits this statement fo tions of registered agent.		Gladys Ga	ırmendia	/ Presider	· nt	Jan 14,20		
	Signature, syped of the pame of registered agent : nuary 1 - May 1 Fee is \$150.00	nd title if applicable.	(NOTE: Registere	d Agent signatur	re required when rain	nstating)	DATE		
24	After May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of	State				Election Campaign Financi Trust Fund Contribution.	· 🗀 '	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS						2	
TITLE NAME	Gladys Garmendia / Presid		TITLE NAM					2707	
STREET ADDRESS / 321-A West Wlagler Street		et		ET ADDRESS				1) 8	
CITY-ST-ZIP	Miami,Fl 33144			-ST-ZIP	,			CR2E034B (12/02)	
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STREET ADDRESS				EET ADDRESS			* •	# p #	
CITY-ST-ZIP	<u> </u>			ST-ZIP		19 07/3/0) Florida Statutes I furt			

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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: _

Gladys Garmendia / President Jan 14,2004

(305)264-7417

Cate

Davlime Phone #