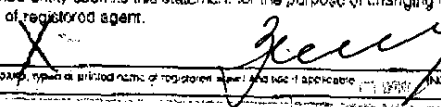
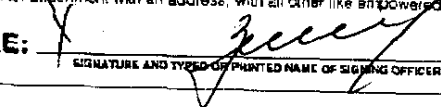


FROM : GLORIA*CASTASS<((((((((2739332) FAX NO. : 3855582887

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90241 037 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000063418			
1. Entity Name MILA MEDICAL SUPPLIES INC.			
Principal Place of Business 1646 WEST 38 PLACE HIALEAH, FL 33012		Mailing Address 1646 WEST 38 PLACE HIALEAH, FL 33012	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ZININA, LIUDMILA 1632 WEST 38 PLACE HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: 4/25/04			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution: ☒ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE: D NAME: ZININA, LIUDMILA STREET ADDRESS: 820 WEST 38 PLACE CITY-STATE-ZIP: HIALEAH, FL 33012		TITLE: Zinina Liudmila NAME: 616 NW 26 Ave Apt 10 STREET ADDRESS: MIAMI FL 33125 CITY-STATE-ZIP: MIAMI FL 33125	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition		TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition		TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition	
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TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition		TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP: ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(c), 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:  DATE: 4/25/04		305 819 4175	