

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90117 001 ***150.00

09-13-2004 90117 002 *****8.75

DOCUMENT # P03000085573

1. Entity Name
HOMESTEAD MEDICAL EQUIPMENT AND SUPPLIES, INC.



Principal Place of Business
**381 KROME AVE., SUITE 102
HOMESTEAD, FL 33030**

Mailing Address
**381 KROME AVE., SUITE 102
HOMESTEAD, FL 33030**

66433564



2. Principal Place of Business
**381 N Krome Ave
Suite 102
Homestead**

3. Mailing Address
**381 N. Krome Ave
Suite 102
Homestead**

08302004 Chg-P CR2E034 (10/03)

City & State
FL 33030

City & State
FL 33030

4. FEI Number
26-0068909

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GUGLIUZZA, CHARLES R
381 KROME AVE., SUITE 102
HOMESTEAD, FL 33030**

7. Name and Address of New Registered Agent
Name **N/A**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CASTILLO, VIVIAN C 16286 SW 78TH TERR. MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/04 (786)234-6028
Date Daytime Phone #

Attachment

**HOMESTEAD MEDICAL EQUIPMENT AND
SUPPLIES INC.**

381 N. KROME AVE SUITE 102
HOMESTEAD FL, 33030
PHONE: (305) 242 4129
FAX: (305) 242 4964
HOMESTEADMES@AOL.COM

66433564

To Whom It May Concern:

Document # P03000085573

I am in receipt of the "Notice of Intent to Dissolve". This is the First notice that I have received from the Division OF Corporation with respect to any fees that need to be paid to the Division of Corporations.

I started my business last year and was not aware that I had to pay a fee to the Division of Corporation until I received this notice. I understand that my ignorance is not an excuse, but I hope that you have leniency upon me as this is my first business and I was truly not aware of this fee due to the Division of Corporation.

Enclosed, please find check No. 1037 in the amount of \$150.00 for Homestead Medical Equipment and Supplies, inc.

Thanks you in advance for your understanding in this matter. If you should have any questions or concerns, you can reach me at 305 242 4129.

Sincerely, ~



Vivian C. Castillo
Homestead Medical Equipment and Supplies, inc.