

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086226

FILED
Mar 29, 2004
Secretary of State

Entity Name: OLIVA'S MEDICAL SUPPLY CORP.

Current Principal Place of Business:

1790 W 49TH ST- 400-6
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1790 W 49TH ST- 400-6
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 32-0087963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVA, ARMELIO
1790 W 49TH ST- 400-6
HIALEAH, FL 33012

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: PD () Delete
Name: OLIVA, ARMELIO
Address: 1790 W 49TH ST- 400-6
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: OLIVA, ARMELIO
Address: 1790 W 49TH ST- 400-6
City-St-Zip: HIALEAH, FL 33012

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: ARMELIO OLIVA

P

03/29/2004

Electronic Signature of Signing Officer or Director

_____ Date