2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Oct 01, 2004 8:00 am DOCUMENT # P03000087082 Secretary of State 09-01-2004 90007 034 ***150.00 A.M.R. MEDICAL SUPPLY INC. Principal Place of Business Mailing Address 13765 SW 154TH ST MIAMI FL 33177 13765 SW 154TH ST MIAMI FL 33177 2. Principal Place of Business 14/29 SUU 142 Mailing Address 14129 SU 142 AVE Suite. Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State Hami FL 4. FEI Number Miams j Applied For 86-1078495 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONTIEL, RICARDO Street Address (P.O. Box Number is Not Acceptable) 10675 SW 6TH ST. MIAMI FL 3174 City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Bo late fee. By checking this box, the corporation certifies in DUE BY September 8, 2004 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees did not receive prior notice. Fee to file is \$150.00, 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition MONTIEL, RICARDO NAME NAME 10675 SW 6TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Charige Addition MALK NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: 🛭

FILED

Attachment Colocisussel

September 13, 2004

FL. DEPARTMENT OF STATE ANNUAL REPORT

TO WHOM IT MAY CONCERN:

AS PER OUR CONVERSATION BY PHONE PLEASE CHECK YOUR RECORDS AND BE ADVICE THAT MY CORPORATION: A.M.R. MEDICAL SUPPLY INC.

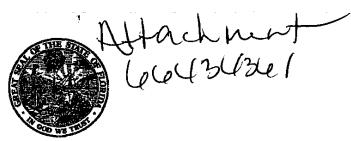
DOCUMENT #P03000087082

NEVER RECEIVED THE ANNUAL REPORT FOR THE YEAR 2004 BECAUSE I CHANGED MY ADDRESS. PLEASE ACCEPT OUR PAYMENT OF \$150.00 AND KINDLY WAIVE ANY PENALTY DUE TO THE FACT THAT WE NEVER RECEIVED SUCH PAPERS.

ALSO, FIND ENCLOSED THE 2004 ANNUAL REPORT.

SINCERELY,

RICARDO MONTIEL



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

September 2, 2004

A.M.R. MEDICAL SUPPLY INC. 14129 SW 142 AVE MIAMI, FL 33186

Subject: A.M.R. MEDICAL SUPPLY INC.

Reference Number:

P03000087082

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

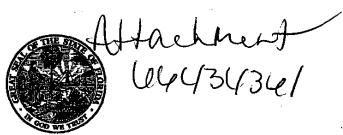
There is a balance due of \$400.00.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

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If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

September 2, 2004

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ANNUAL REPORTS SECTION