

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108060

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: OCEAN BREEZE MEDICAL EQUIPMENT, INC.

## Current Principal Place of Business:

2345 WEST 80 ST., BAY 6  
HIALEAH, FL 33016

## New Principal Place of Business:

2345 WEST 80 ST.  
BAY 6  
HIALEAH, FL 33016 US

## Current Mailing Address:

2345 WEST 80 ST., BAY 6  
HIALEAH, FL 33016

## New Mailing Address:

2345 WEST 80 ST.  
BAY 6  
HIALEAH, FL 33016 US

FEI Number: 03-0529223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCMURRAY, CAROLINA  
2345 WEST 80 ST., BAY 6  
HIALEAH, FL 33016

## Name and Address of New Registered Agent:

MCMURRAY, CAROLINA M PRESIDE  
16233 NE 9TH AVE  
NORTH MIAMI BEACH, FL 33162 US

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: CAROLINA MCMURRAY

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCMURRAY, CAROLINA  
Address: 16233 NE 9TH AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: MCMURRAY, LUCILLE  
Address: 16233 NE 9TH AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MCMURRAY, CAROLINA M PRISIDE  
Address: 16233 NE 9TH AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: D (X) Change ( ) Addition  
Name: MCMURRAY, LUCILLE M VICE P  
Address: 10461 NW 5TH AVE  
City-St-Zip: MIAMI, FL 33150 US

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: CAROLINA MCMURRAY

PRES

04/22/2004

Electronic Signature of Signing Officer or Director

Date