


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-24=2004 90033 027 ***TSU.00

FILE P03000149142

CLERK OF STATE
DIVISION OF CORPORATION

04 AUG -6 PM 2:23

DOCUMENT # P03000149142					
1. Entity Name CJ MEDICAL SUPPLIES, INC.					
Principal Place of Business 13350 NW 42ND AVE STE 7 OPA LOCKA FL 33054			Mailing Address 13350 NW 42ND AVE STE 7 OPA LOCKA FL 33054		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0519268	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEON, JOSEFA 13350 NW 42ND AVE STE 7 OPA LOCKA FL 33054				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEON, JOSEFA		NAME		
STREET ADDRESS	13350 NW 42ND AVE STE 7		STREET ADDRESS		
CITY - ST - ZIP	OPA LOCKA FL 33054		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEON, JOSEFA		NAME		
STREET ADDRESS	13350 NW 42ND AVE STE 7		STREET ADDRESS		
CITY - ST - ZIP	OPA LOCKA FL 33054		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/04 (305) 688-1395
Date Daytime Phone #