2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-24=2004 90033 027 *** 150.00 Fil P03000149142 DOCUMENT # P03000149142 ALIARY OF STATE CJ MEDICAL SUPPLIES, INC. 04 AUG -6 PM 2: 23 ' Principal Place of Business Malfing Address 13350 NW 42ND AVE STE 7 13350 NW 42ND AVE STE 7 OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State FEI Numbe Applied For Not Applicable Country Zio Zip Country \$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 LEON, JOSEFA Street Address (P.Q. Box Number is Not Acceptable) 13350 NW 42ND AVE STE 7 OPA LOCKA FL 33054 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1: 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PVST** TITLE TITLE Delete ☐ Channe ☐ Addition LEON, JOSEFA NAME NAME STREET ADDRESS 13350 NW 42ND AVE STE 7 STREET AUDRESS OPA LOCKA FL 33054 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE LEON, JOSEFA NAME NAME 13350 NW 42ND AVE STE 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33054 CITY-ST-ZIP TITLE Change Addition TITLE Delete 🔲 NAME' HALK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TID F Change ☐ Addition TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ☐ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. ML SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORECTOR