

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90023 006 ***150.00

DOCUMENT # P93000053162

1. Entity Name

AYMET MEDICAL SUPPLIES, INC.



Principal Place of Business

**5542 SW 8TH ST.
MIAMI FL 33134**

Mailing Address

**5542 SW 8TH ST.
MIAMI FL 33134**

2. Principal Place of Business

5542 SW 8TH ST Coral Gables

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0430666

☒ **Applied For**

☐ **Not Applicable**

Zip

33134

Country

MIAMI - DAGE

Zip

33134

Country

MIAMI - DAGE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALMAGUER, MANUEL F
8181 N.W. 36TH ST., STE. 14F
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name MANUEL F ALMAGUER

Street Address (P.O. Box Number is Not Acceptable):

5542 SW 8TH ST Coral Gables

City Miami

FL

Zip Code 33134

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 MANUEL ALMAGUER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

02-03-04

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.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete
NAME ALMAGUER, MANUEL F
STREET ADDRESS 8181 N.W. 36TH ST., STE. 14F
CITY-ST-ZIP MIAMI FL 33166

TITLE V ☒ Delete
NAME BENCOMO, MIGDALIA
STREET ADDRESS 8181 N.W. 36TH ST., STE. 14F
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENTE ☒ Change ☐ Addition
NAME MANUEL ALMAGUER
STREET ADDRESS 5542 SW 8TH ST Coral Gables
CITY-ST-ZIP 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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: MANUEL ALMAGUER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-04 (305) 476-1089

Date

Daytime Phone #