

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000012439

Entity Name: GISELLE MEDICAL SUPPLIES, INC.

FILED  
Apr 10, 2004  
Secretary of State

**Current Principal Place of Business:**

917 SW 87 AVE  
MIAMI, FL 33174 US

**New Principal Place of Business:**

**Current Mailing Address:**

917 SW 87 AVE  
MIAMI, FL 33174 US

**New Mailing Address:**

FEI Number: 65-0555044      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, EDUARDO  
1515 S.W. 84TH COURT  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GONZALEZ, EDUARDO  
Address: 1515 S.W. 84TH COURT  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EDUARDO GONZALEZ

PRES

04/10/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date