

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000029225

FILED
Apr 20, 2004
Secretary of State

Entity Name: ARIAD MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

11401 S.W. 40 ST.
SUITE #317
MIAMI, FL 33174 US

New Principal Place of Business:

11401 S.W. 40 ST.
SUITE #317
MIAMI, FL 33165 US

Current Mailing Address:

11401 S.W. 40 ST.
SUITE #317
MIAMI, FL 33174 US

New Mailing Address:

11401 S.W. 40 ST.
SUITE #317
MIAMI, FL 33165 US

FEI Number: 65-0572889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREHNS, CELICE
10516 W FLAGLER STREET
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

TREHNS, CELICE
11401 S.W. 40 ST.
SUITE # 317
MIAMI, FL 33165 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: CELICE TRENHS

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: TREHNS, CELICE
Address: 10516 W FLAGLER STREET
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: TREHNS, CELICE
Address: 11401 S.W. 40 ST. STE. # 317
City-St-Zip: MIAMI, FL 33165

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: CELICE TRENHS

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04/20/2004

Electronic Signature of Signing Officer or Director

Date