


FILED
Apr 19, 2004 8:00 am
Secretary of State

DOCUMENT # P95000061399			
1. Entity Name CAP MEDICAL SUPPLIES & PHARMACY INC.			
Principal Place of Business 161 NW 29 STREET MIAMI, FL 33127 US		Mailing Address PO BOX 22156 HIALEAH, FL 33002 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
PI, CARLOS 161 NW 29TH ST MIAMI, FL 33127		Name	
		Street Address	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PTD <input type="checkbox"/> Delete PI, CARLOS 935 W 49TH ST HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
11.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		161 NW 29TH ST MIAMI, FL 33127	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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 S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ CARLOS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			