


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000091914
 1. Entity Name
 NIPRO MEDICAL CORPORATION



Principal Place of Business Mailing Address
 3150 NW 107 AVE 3150 NW 107 AVE
 MIAMI, FL 33172-2188 US MIAMI, FL 33172-2188 US

DO NOT WRITE IN THIS SPACE



03132003 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0560880 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CANDELARIO, LUIS
 7780 SW 12 STREET
 MIAMI, FL 33156

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.


10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CANDELARIO, LUIS
STREET ADDRESS	7745 SW 122 STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/04
Date

Daytime Phone #