

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 22, 2004 08:00 AM
Secretary of State**

DOCUMENT # P96000000295

1. Entity Name
CAMPY & SON MEDICAL EQUIPMENT INC.



Principal Place of Business
**4750 SW 74TH AVENUE
BUILDING #D
MIAMI, FL 33155-4457 US**

Mailing Address
**4750 SW 74TH AVENUE
BUILDING #D
MIAMI, FL 33155-4457 US**



04172004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0629695

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SAINZ, DORA
4750 SW 74TH AVENUE
BUILDING #D
MIAMI, FL 33155-4457**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when translating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000124749

04/22/04 88857-018 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAINZ, DORA
STREET ADDRESS	4750 SW 74TH AVENUE, BUILDING #D
CITY- ST- ZIP	MIAMI, FL 331554457
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2004

Date

(305) 266-5858

Daytime Phone #