

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014214

FILED
Jan 30, 2004
Secretary of State

Entity Name: EYCO MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

5900 W. 20TH AVE. SUITE "C"
HIALEAH, FL 33016

New Principal Place of Business:

7380 W. 20TH AVE. #110
HIALEAH, FL 33016

Current Mailing Address:

5900 W. 20TH AVE. SUITE "C"
HIALEAH, FL 33016

New Mailing Address:

7380 W. 20TH AVE. #110
HIALEAH, FL 33016

FEI Number: 65-0641452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOTET, ORLANDO
1800 79TH ST CAUSEWAY
APT A-112
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

BOTET, ORLANDO
421 NE 88 STREET
EL PORTAL, FL 33138 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: ORLANDO BOTET

01/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOTET, ORLANDO
Address: 1800 79TH ST CAUSEWAY APT A-112
City-St-Zip: NORTH BAY VILLAGE, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOTET, ORLANDO
Address: 421 NE 88 STREET
City-St-Zip: EL PORTAL, FL 33138

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: ORLANDO BOTET

P

01/30/2004

Electronic Signature of Signing Officer or Director

Date