

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000047493

1. Entity Name  
WORLD HOSPITAL DISTRIBUTORS, INC.



Principal Place of Business  
2631 S.W. 112 COURT  
MIAMI, FL 33165

Mailing Address  
2631 S.W. 112 COURT  
MIAMI, FL 33165

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0682767	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARIAS, LUIS JR  
2631 S.W. 112 COURT  
MIAMI, FL 33165

**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 reinstating)

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

10.

OFFICERS AND DIRECTORS

TITLE D  
NAME ARIAS, LUIS JR  
STREET ADDRESS 2631 SW 112 COURT  
CITY-ST-ZIP MIAMI, FL 33165

0000000007021  
01/20/04-80006-016 150.00

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)(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

1/20/04 (305) 599-1121  
Date Daytime Phone #