


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended
FILED

04 MAY 21 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000063297		
1. Entity Name DIAMOND MEDICAL SUPPLIES, INC.		

Principal Place of Business 1102 WEST FLAGLER ST MIAMI, FL 33130 US	Mailing Address 1102 WEST FLAGLER ST MIAMI, FL 33130 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05112004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PEREZ, EVARISTO J 11400 W FLAGLER STREET 111 SWEETWATER, FL 33174		7. Name and Address of New Registered Agent Name <u>Daniel Rodriguez</u> Street Address (P.O. Box Number is Not Acceptable) <u>1102 W. Flagler St.</u> City <u>MIAMI</u> FL Zip Code <u>33130</u>	
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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 X [Signature] DATE 5/11/04

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PEREZ, EVARISTO 1102 WEST FLAGLER ST MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DANIEL RODRIGUEZ 1102 W. FLAGLER ST. MIAMI, FL 33130 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6000374385046 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/01/04--01027--005 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X [Signature] DATE 5/11/04 305-481-2554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR