

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000050954

FILED
May 19, 2004
Secretary of State

Entity Name: MEDICAL SUPPLIERS OF THE AMERICAS, INC.

Current Principal Place of Business:

1725 NW 79TH AVENUE
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

1725 NW 79TH AVENUE
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-0857713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APPELROUTH, STEWART
999 PONCE DELEON BLVD., STE. 625
MIAMI, FL 33134

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOMBARDIERE, JOSEPH
Address: 12202 N.W. 36TH PLACE
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: PARNES, ROBERTA E
Address: 10101 S.W. 62ND AVE.
City-St-Zip: SUNRISE, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERTA PARNES

D

05/19/2004

Electronic Signature of Signing Officer or Director

Date