2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000080079

1. Entity Name:
HABANA MEDICAL SUPPLY AND PHARMACY DISCOUNT, INC.

Principal Place of Business	Mailing Address
10711 SW 216 ST STE 104 MIAMI, FL 33170	10711 SW 216 ST STE 104 MIAMI, FL 33170

DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2L034 (10/03)

4. FEI Number
65-0863600
Applied For
Not Applicable

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, OSCAR L
10711 SW 2216TH STREET
SUITE 104
MIAMI, FL 33170

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

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	PVST
NAME	MUNOZ, OSCAR L
STREET ADDRESS	10711 SW 216TH STREET, SUITE 104
CITY-ST-ZIP	MIAMI, FL 33170
TITLE	D
NAME	MUNOZ, OSCAR L
STREET ADDRESS	10711 SW 216TH STREET, SUITE 104
CITY-ST-ZIP	MIAMI, FL 33170
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80003-007 158.75

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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: Oscar L. Munoz 04/27/04 (786) 242-3454
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #