
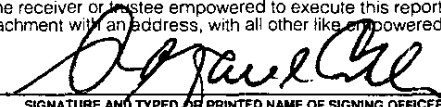


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90335 042 \*\*\*150.00

<b>DOCUMENT # P99000100791</b> 1. Entity Name <b>C &amp; C MEDICAL EQUIPMENT &amp; SUPPLY, INC.</b>					
Principal Place of Business <b>85 GRAND CANAL DR #304 MIAMI FL 33144</b>			Mailing Address <b>85 GRAND CANAL DR #304 MIAMI FL 33144</b>		
2. Principal Place of Business <b>1355 NW 93<sup>rd</sup> COURT</b>		3. Mailing Address <b>1355 NW 93<sup>rd</sup> CT</b>			
Suite, Apt. #, etc. <b>A-103</b>		Suite, Apt. #, etc. <b>A-103</b>			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>65-0962397</b>	
Zip <b>33172</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CASTILLO, RAPHAEL 15300 SW 100TH AVE MIAMI FL 33157</b>			7. Name and Address of New Registered Agent Name <b>RAFAEL CASTILLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>13941 SW 156TH TERRACE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33177</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CASTILLO, RAPHAEL</b> <b>15300 SW 100TH AVE</b> <b>MIAMI FL 33157</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RAFAEL CASTILLO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13941 SW 156TH TERRACE</b> <b>MIAMI FL 33177</b> <b>PRESIDENT</b>	
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	
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:  <b>RAFAEL CASTILLO</b> <b>4/14/04</b> <b>305-392-9967</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					