


**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: **10711 SW 216 ST  
STE 104  
MIAMI, FL 33170**  
Mailing Address: **10711 SW 216 ST  
STE 104  
MIAMI, FL 33170**

**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-P CR2L034 (10/03)

4. Filing 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**

**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 this State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, Name or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when certifying)

**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	<b>PVST</b>
NAME	<b>MUNOZ, OSCAR L</b>
STREET ADDRESS	<b>10711 SW 216TH STREET, SUITE 104</b>
CITY, ST, ZIP	<b>MIAMI, FL 33170</b>
TITLE	<b>D</b>
NAME	<b>MUNOZ, OSCAR L</b>
STREET ADDRESS	<b>10711 SW 216TH STREET, SUITE 104</b>
CITY, ST, ZIP	<b>MIAMI, FL 33170</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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IN THIS SPACE**

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05/04/04-80003-007 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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 member or trustee empowered to execute the 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 affidavit, with all other like empowers.

**SIGNATURE:** *Oscar L. Munoz* **04/27/04** (786) 242-3454  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR