

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000056985

FILED
Feb 24, 2004
Secretary of State

Entity Name: AKASE MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

1455 NW 14 ST
MIAMI, FL 33125

New Principal Place of Business:

1840 WEST 49 STREET
710
HIALEAH, FL 33012 US

Current Mailing Address:

1455 NW 14 ST
MIAMI, FL 33125

New Mailing Address:

P O BOX 127702
HIALEAH, FL 330121628 US

FEI Number: 30-0078928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLANO, OMAR
1455 NW 14 ST
MIAMI, FL 33125

Name and Address of New Registered Agent:

SOLANO, OMAR
P O BOX 127702
HIALEAH, FL 330121628 US

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: OMAR SOLANO

02/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOLANO, OMAR
Address: 1455 NW 14 ST
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SOLANO, OMAR
Address: 1840 WEST 49TH STREET, SUITE 710
City-St-Zip: HIALEAH, FL 33012

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: OMAR SOLANO

PRES

02/24/2004

Electronic Signature of Signing Officer or Director

Date