2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004
Secretary of State

DOCUMENT# P02000056985

Entity Name: AKASE MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

1840 WEST 49 STREET
710
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 127702
HIALEAH, FL 330121628 US

New Mailing Address:

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
P O BOX 127702
HIALEAH, FL 330121628 US

Name and Address of New Registered Agent:

CARRILLO YERO, LUCIA
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: LUCIA CARRILLO YERO 05/12/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: CARRILLO YERO, LUCIA
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: LUCIA CARRILLO YERO DPS 05/12/2004
Electronic Signature of Signing Officer or Director Date