

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 03, 2007  
Secretary of State**

DOCUMENT# P02000097242

Entity Name: A & D DURABLE MEDICAL EQUIPMENT INC.

**Current Principal Place of Business:**

275 FONTAINEBLEAU BLVD  
167  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

275 FONTAINEBLEAU BLVD  
167  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 03-0481814      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRIETO, SUCEL  
275 FONTAINEBLEAU BLVD  
167  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PRIETO, SUCEL  
Address: 275 FONTAINEBLEAU BLVD #167  
City-St-Zip: MIAMI, FL 33172

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD ( ) Change (X) Addition  
Name: CARDONA, MARIA S  
Address: 275 FONTAINEBLEAU BLVD #167  
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SUCEL PRIETO

PD

08/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date