

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032462

FILED
Jul 30, 2004
Secretary of State

Entity Name: YAMIRA MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

CALLE FERNANDEZ GARCIA #26
LOCAL 3 - LUQUILLO PLAZA
LUQUILLO, PUERTO RICO, 00773

New Principal Place of Business:

CALLE FERNANDEZ GARCIA #26
LOCAL 3 - LUQUILLO PLAZA
LUQUILLO,, PR 00773

Current Mailing Address:

P.M.B. 627
PO BOX 29029
SAN JUAN, PR 009290029 US

New Mailing Address:

FEI Number: 65-0575678 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AMRUD, KIMRAJ
781 W. FLAGLER STREET # 424
MIAMI, FL 33144 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: P () Delete
Name: AMRUD, KIMRAJ
Address: 781 W. FLAGLER STREET #424
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KIMRAJ AMRUD

PRES

07/30/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date