

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91907 007 \*\*\*150.00

0298763 AV

**DOCUMENT # P95000032462**

1. Entity Name  
**YAMIRA MEDICAL EQUIPMENT, INC.**



Principal Place of Business  
**CALLE FERNANDEZ GARCIA #26  
LOCAL 3 - LUQUILLO PLAZA  
LUQUILLO, PUERTO RICO 00773**

Mailing Address  
**3636 SW 87TH AVENUE  
MIAMI FL 33165  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.M.B. 627  
Suite, Apt. # etc.  
P.O. Box 29029**

CHECK HERE IF MAKING CHANGES

City & State  
**San Juan, P.R.**

4. FEI Number  
**65-0575678**

Applied For  
 Not Applicable

Zip  
**00929-0029**

Country  
**Puerto Rico**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**AMRUD, KIMRAJ  
1501 FOUNTAINBLEAU BLVD - APT. 609  
MIAMI FL 33172**

7. Name and Address of New Registered Agent

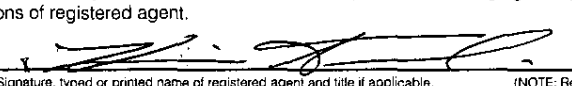
Name  
**Kimraj Amrud**

Street Address (P.O. Box Number is Not Acceptable)  
**781 W Flagler St. #424**

City  
**Miami**

FL Zip Code  
**33144**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Kimraj Amrud - President** 04/29/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>AMRUD, KIMRAJ 1501 FONTAINEBLEAU BLVD., - APT. 609 MIAMI FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kimraj Amrud - President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>781 W Flagler St. #424 Miami, Fl. 33144</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Kimraj Amrud - President** 04/29/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#

CR2E034 (10/02)