

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000040652

**FILED
Jun 21, 2006
Secretary of State**

Entity Name: LEVI MEDICAL EQUIPMENT SUPPLIES RENTAL & SALES INC.

Current Principal Place of Business:

12460 S.W. 8TH STREET, SUITE 207
MIAMI, FL 33184

New Principal Place of Business:

Current Mailing Address:

12460 S.W. 8TH STREET, SUITE 207
MIAMI, FL 33184

New Mailing Address:

FEI Number: 65-0582746 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BETANCOURT, CARLOS
12460 S.W. 8TH STREET, SUITE 207
MIAMI, FL 33184 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: VD () Delete
Name: BETANCOURT, CARLOS
Address: 12460 S.W. 8TH STREET, SUITE 207
City-St-Zip: MIAMI, FL 33184

Title: PD () Delete
Name: EFRAIN, GALVEZ
Address: 12460 S.W. 8TH STREET, SUITE 207
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: EFRAIN GALVEZ

PD

06/21/2006

Electronic Signature of Signing Officer or Director

_____ Date