2907 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 08:00 A Secretary of State DOCUMENT # P05000037687 DIEGO'S MEDICAL EQUIPMENT, INC. Principal Place of Business Mailing Address 14055 SW 142 AVE 14055 SW 142 AVE SUITE #12 SUITE #12 MIAMI, FL 33186 MIAMI, FL 33186 04142007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2869907 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENITEZ, RENATO DO NOT WRITE 14055 SW 142 AVE SUITE #12 IN THIS SPACE MIAMI, FL 33186 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 registe SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME BENITEZ, RENATO STREET ADDRESS 14055 SW 142 AVE SUITE #12 CITY-ST-ZIP MIAMI, FL 33186 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME U0000074930S STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED