## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED May 03, 2004 08:00 AN Secretary of State

ANNUAL KEPORT							, Secretary of State				
DOCUMENT # P0000012086  1. Entity Name DIANA MEDICAL EQUIPMENT SERVICE INC.										<i>y</i>	
Principal Plac	s	lailing Address									
85 GRAN CANAL DRIVE SUITE #206 MIAMI, FL 33144			8 S	85 GRAN CANAL DRIVE SUITE #206 MIAMI, FL 33144							
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04292004	Chg-P	CR2E03	34 (10/03)	
	City & State			City & State			4. FEI Number 65-0979183			No	pplied For t Applicable
Zíp	a N-	Country  6. Name and Address of Current F		Zip	Cour	ıtry	5. Certificate of		ا <u>ب</u>	88.75 Add	
	6. Name	and Address of Cur	rent Hegis	Rered Agent		Name	7. Name and A	ddress of New R	egisterea A	Gent	
HURTADO	. MINER\	/A									
5567 S.W. MIAMI, FL				Street Address (P.O. Box Number is Not Accept			is Not Acceptable	ı) 	<u>.</u>		
						City			FL Zip Code		
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  Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)  DATE											
		FEE IS \$150.00 4 Fee will be \$5		9. Election Campai Trust Fund Confi			00 May Be				
10. OFFICERS AND DIRECTORS						Sapara Namonna	ADDITIONS (CI	HANGES TO OFF	CERS AND	DIRECTORS	SIN 11
TITLE	PD , OFFICERS AND I			□ Delete	11.			-MIGES 10 OF 1	OERS MID	Change	Addition
NAME	HURTADO, MINERVA					NAME : 100000148139					
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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 it changed, or on an attachment with an address, with all other like empowered.											