


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90250 002 ***150.00

DOCUMENT # P00000018124	
1. Entity Name PLENTY MEDICAL EQUIPMENT, INC.	

Principal Place of Business 9500 NW 77TH AVENUE SUITE 12 HIALEAH GARDEN, FL 33016	Mailing Address 9500 NW 77TH AVENUE SUITE 12 HIALEAH GARDEN, FL 33016
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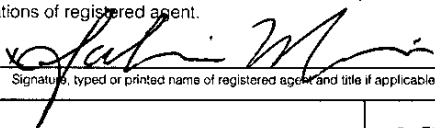
2. Principal Place of Business 1490 W 49 PLACE Suite, Apt. #, etc. 315 City & State Hialeah, FL Zip 33012 Country USA	3. Mailing Address 1490 W 49 PLACE Suite, Apt. #, etc. 315 City & State Hialeah, FL Zip 33012 Country USA
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03082005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0985802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOREJON, JAKSE L 9500 NW 77TH AVENUE SUITE 12 HIALEAH GARDEN, FL 33016	
7. Name and Address of New Registered Agent Name: Morejon, JAKSE L Street Address (P.O. Box Number is Not Acceptable): 1490 W 49 Place suite 315 City: Hialeah FL Zip Code: 33012	

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: 

(NOTE: Registered Agent signature required when reinstating)

DATE

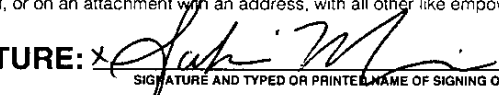
04-18-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MOREJON, JAKSE L 11950 SW 110 ST CIRCLE SOUTH MIAMI, FL 33186 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-18-05