

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057075

FILED
Jan 14, 2005
Secretary of State

Entity Name: CARDIOLOGY MEDICAL EQUIPMENT CORP.

Current Principal Place of Business:

2788 SW 177 AVE.
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

PO BOX 821666
MIRAMAR, FL 330821666

New Mailing Address:

FEI Number: 65-1025685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, NANCY G
2788 SW 177TH AVENUE
MIRAMAR, FL 33029 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GARCIA, NANCY G
Address: 2788 SW 177TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: GARCIA, NANCY G
Address: 2788 SW 177TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: PD () Change (X) Addition
Name: GARCIA, OSVALDO R
Address: 2788 SW 177TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OSVALDO R GARCIA

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01/14/2005

Electronic Signature of Signing Officer or Director

_____ Date