

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90009 011 ***150.00

DOCUMENT # P0000057075	
1. Entity Name CARDIOLOGY MEDICAL EQUIPMENT CORP.	

Principal Place of Business 2788 SW 177 AVE. MIRAMAR, FL 33029	Mailing Address PO BOX 021666 MIRAMAR, FL 33082-1666 2788 SW 177 AVE MIRAMAR FL 33029
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04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1025685	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, NANCY G Osvaldo R Garcia. 2788 SW 177TH AVENUE MIRAMAR, FL 33029
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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: *Osvaldo R Garcia* DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARCIA, NANCY G 2788 SW 177TH AVENUE MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, OSVALDO R 2788 SW 177TH AVENUE MIRAMAR, FL 33029
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12. I hereby certify that the information supplied with this filing 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: *Osvaldo R Garcia* Date: 05.30.08 Daytime Phone #: 86 2515777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR