

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083279

FILED
May 07, 2007
Secretary of State

Entity Name: SAINT MICHAEL MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

7105 S.W. 8TH STREET
SUITE 207
MIAMI, FL 33144

New Principal Place of Business:

749 NW 136 AVENUE
MIAMI, FL 33182

Current Mailing Address:

7105 S.W. 8TH STREET
SUITE 207
MIAMI, FL 33144

New Mailing Address:

749 NW 136 AVENUE
MIAMI, FL 33182

FEI Number: 65-1037889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVADOR, MARIA B
8043 LAKE DRIVE
APT 101
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

SALVADOR, MARIA B
749 NW 136 AVENUE
MIAMI, FL 33182 US

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: MARIA SALVADOR

05/07/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SALVADOR, MARIA B
Address: 8537 NW 7TH ST.
City-St-Zip: MIAMI, FL 33126

Title: VPD (X) Delete
Name: SALVADOR, HECTOR A
Address: 8334 NW 7TH ST., #160
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SALVADOR, MARIA B
Address: 749 NW 136 AVENUE
City-St-Zip: MIAMI, FL 33182

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARIA SALVADOR

PD

05/07/2007

Electronic Signature of Signing Officer or Director

Date