FROM :ALL ACCOUNTING SERVICES INC FAX NO. :305 232-7131

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91044 005 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

14008596

DOCUMENT # P00000100855

1. Entity Name
ET MEDICAL EQUIPMENT INC.

Principal Place of Business	Mailing Address
7370 NW 36TH STREET #105-E MIAMI, FL 33166	7370 NW 36TH STREET #105-E MIAMI, FL 33166

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
7601 W. Flagler St		7601 W. Flagler St	
Suite, Apt. #, etc. Ste. K		Suite, Apt. #, etc. Ste K	
City & State Miami, FL		City & State Miami, FL	
Zip 33144	Country USA	Zip 33144	Country USA

4. FEI Number 65-1048809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAGES, MARIA ELENA 14741 SW 82ND STREET MIAMI, FL 33193	Name Street Address (P.O. Box Number is Not Acceptable) 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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 TAGES, MARIA ELENA 14741 SW 82ND STREET MIAMI, FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAGES, MARIA ELENA 14741 SW 82ND STREET MIAMI, FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Maria E. Tages 04-22-04 786 3889088