

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003587

FILED
Jan 04, 2006
Secretary of State

Entity Name: ASF MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

1205 71 STREET
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

1205 71 STREET
#4
MIAMI BEACH, FL 33141

New Mailing Address:

1205 71 STREET
MIAMI BEACH, FL 33141

FEI Number: 65-1067323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNOZ, ALEYDA
1955 CALAIS DR
#4
MIAMI BEACH, FL 33141 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: PD () Delete
Name: SERRANO, GUSTAVO
Address: 1955 CALAIS DR APT #4
City-St-Zip: MIAMI BEACH, FL 33141

Title: VD () Delete
Name: MUNOZ, ALEYDA
Address: 1955 CALAIS DR APT #4
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GUSTAVO SERRANO

OWNE

01/04/2006

Electronic Signature of Signing Officer or Director

Date