## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P01000042058

DANIA'S MEDICAL EQUIPMENT CORP.



Principal Place of Business Mailing Address

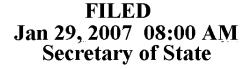
4315 NORTHWEST 7TH STREET SUITE 36

MIAMI, FL 33126

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SUITE 36

MIAMI, FL 33126





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CR2E034 (11/05) 01242007 No Chg-P

4. FEI Number 65-1100508

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRILLO, DANIA 4315 NW 7TH STREET **STE 36** MIAMI, FL 33126

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		war - Lawrence - Lawre				
	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familian	with, and accept
SIGNATURE_	Signature, typod or printed name of registered agent and title if	f applicable. (NOTE, Registered A	gent signature	required when reinstating	CATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financia     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	U00000609201 01/31/07-80067-022	150.00
10.	OFFICERS AND DIREC	TORS		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CARRILLO, DANIA 4315 NORTHWEST 7TH STREET SUI MIAMI, FL 33126	TE 36				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·					
TITLE		<u> </u>				

12. I hereby certify that the information supplied with this filling 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 of Interest 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:

NAME STREET ADDRESS CMY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-25-07

Daytime Phone #