2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000042058

1. Entity Name

DANÍA'S MEDICAL EQUIPMENT CORP.



FILED Feb 25, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

4315 NORTHWEST 7TH STREET

SUITE 36 MIAMI, FL 33126 4315 NORTHWEST 7TH STREET SUITE 36 MIAMI, FL 33126



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1100508 Applied For
Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRILLO, DANIA 4315 NW 7TH STREET STE 36 MIAMI, FL 33126 DO NOT WRITE IN THIS SPACE

MIAMI, FL	33126	•	The state of the s			
	named entity submits this statement for the purpions of registered agent.	ose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	•
SIGNATURE_	Signature, typed or printed name of registered agent and title if app	olicable (NOTE: Registere	d Agent signature	required when reinstaling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTO	DRS	16 T 1 T 16	19 54.4 8 18 30 19 18		•
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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?

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-08

Daytime Phone #