

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092626

FILED
May 21, 2004
Secretary of State

Entity Name: LAKE FRONT MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

2413 W. OKEECHOBEE ROAD
HIALEAH, FL 33010 US

New Principal Place of Business:

Current Mailing Address:

2413 W. OKEECHOBEE ROAD
HIALEAH, FL 33010 US

New Mailing Address:

FEI Number: 65-1140172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, GUSTAVO
2413-A WEST OKEECHOBEE RD.
HIALEAH, FL 33010 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: VD () Delete
Name: GARCIA, GLADYS
Address: 2413 W. OKEECHOBEE RD
City-St-Zip: HIALEAH, FL 33010

Title: PSTD (X) Delete
Name: HERNANDEZ, GUSTAVO
Address: 2413 W. OKEECHOBEE RD
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HERNANDEZ, GUSTAVO
Address: 2413 W. OKEECHOBEE RD
City-St-Zip: HIALEAH, FL 33010

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 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 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 HERNANDEZ

PSTD

05/21/2004

Electronic Signature of Signing Officer or Director

Date