

Amended

10-03-2002 90052 001 ****61.25

FILED P01000096194
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 18 AM 8:01

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000096194
1. Entity Name
Sonnia Medical Equipment, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1840 W. 49th St. Suite, Apt. #, etc. Suite # 220-1 City & State Hialeah, Florida		3. Mailing Address 1840 W. 49th St. Suite, Apt. #, etc. Suite #220-1 City & State Hialeah, Florida	
Zip 33012	Country	Zip 33012	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1141121	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Dunia Y. Marty
Street Address (P.O. Box Number is Not Acceptable) 1840 W. 49th St., # 220-1
City Miami, FL Zip Code 33012

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.

SIGNATURE *[Signature]*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dunia Y. Marty, President 1840 W. 49th St., # 220-1 Hialeah, Florida 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 10/2/02 (305) 836-8299

CR2E034B (12/01)

01/18/02 aw