

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096194

Entity Name: SONNIA MEDICAL EQUIPMENT, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

1840 W. 49TH ST.  
SUITE 718  
HIALEAH, FL 33012

## New Principal Place of Business:

## Current Mailing Address:

961 PALM AVE.  
HIALEAH, FL 33010

## New Mailing Address:

1840 W 49 ST  
SUITE 718  
HIALEAH, FL 33012

FEI Number: 65-1141121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CASTELLANOS, DULCE M  
1840 W. 49TH ST.  
SUITE 718  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

REYES, ANGELA  
1840 W. 49TH ST.  
SUITE 718  
HIALEAH, FL 33012 US

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: ANGELA REYES

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: REYES, ANGELA  
Address: 1840 W. 49TH STREET, SUITE 718  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANGELA REYES

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04/28/2005

Electronic Signature of Signing Officer or Director

Date