

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096194

FILED
Apr 28, 2007
Secretary of State

Entity Name: SONNIA MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1840 W 49 ST
SUITE 718
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-1141121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEREDIA, ANA M
1840 W 49TH ST STE 718
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

REYES, ANGELA
1840 W 49TH ST STE 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

04/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEREDIA, ANA M
Address: 1840 W 49TH ST
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REYES, ANGELA
Address: 1840 W 49TH ST
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PD

04/28/2007

Electronic Signature of Signing Officer or Director

Date