

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008376

FILED
Jan 18, 2005
Secretary of State

Entity Name: ROSMAR MEDICAL EQUIPMENT INC.

Current Principal Place of Business:

4711 NW 79 AVE
#5E
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

4711 NW 79 AVE
#5E
MIAMI, FL 33166

New Mailing Address:

FEI Number: 01-0602226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MA LEYVA, RAQUEL
4711 N.W. 79 AVE., #5E
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

LEYVA, RAQUEL M
4711 N.W. 79 AVE., #5E
MIAMI, FL 33166 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: RAQUEL M LEYVA

01/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MA LEYVA, RAQUEL
Address: 4711 N.W. 79 AVE., #5E
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEYVA, RAQUEL M
Address: 4711 N.W. 79 AVE., #5E
City-St-Zip: MIAMI, FL 33166

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: RAQUEL M LEYVA

PD

01/18/2005

Electronic Signature of Signing Officer or Director

Date