

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000010100

**FILED**  
**Nov 29, 2005**  
**Secretary of State****Entity Name:** ARMAS FAMILY MEDICAL EQUIPMENT AND SUPPLY INC.**Current Principal Place of Business:**4800 W FLAGLER ST  
STE #227  
MIAMI, FL 33134**New Principal Place of Business:****Current Mailing Address:**4800 W FLAGLER ST  
STE #227  
MIAMI, FL 33134**New Mailing Address:****FEI Number:** 45-0472504      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ARMAS, MAIDELYN  
2733 NW 5TH ST  
MIAMI, FL 33125      US**Name and Address of New Registered Agent:**ARMAS, JUAN  
2733 NW 5TH ST  
MIAMI, FL 33125      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: JUAN ARMAS

11/29/2005

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** PD      ( ) Delete  
**Name:** ARMAS, MAIDELYN  
**Address:** 2733 NW 5TH ST  
**City-St-Zip:** MIAMI, FL 33125**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD      (X) Change ( ) Addition  
**Name:** ARMAS, JUAN  
**Address:** 2733 NW 5TH ST  
**City-St-Zip:** MIAMI, FL 33125**Title:** VD      ( ) Change (X) Addition  
**Name:** ARMAS, MAIDELYN  
**Address:** 2733 NW 5TH ST  
**City-St-Zip:** MIAMI, FL 33125

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: MAIDELYN ARMAS

VD

11/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date