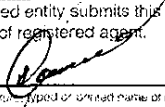
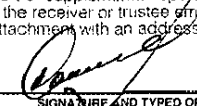


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90004 004 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                            |                                                                                                                                                                                              |                                                                                   |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000022190</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                            |                                                                                                                                                                                              |  |                                                                              |
| 1. Entity Name<br><b>RED, WHITE &amp; BLUE DME SERVICES INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                            |                                                                                                                                                                                              |                                                                                   |                                                                              |
| Principal Place of Business<br><b>1800 WEST 49TH STREET #121<br/>HIALEAH, FL 33012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                                            | Mailing Address<br><b>C/O LOPEZ ACCOUNTING<br/>1800 WEST 49TH STREET #201<br/>HIALEAH, FL 33012</b>                                                                                          |                                                                                   |                                                                              |
| 2. Principal Place of Business<br><b>2387 W. 80 St.<br/>Suite, Apt. #, etc.<br/>Bay 8<br/>City &amp; State<br/>Hialeah, Florida<br/>Zip<br/>33016<br/>Country<br/>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                            | 3. Mailing Address<br><b>2387 W. 80 St.<br/>Suite, Apt. #, etc.<br/>Bay 8<br/>City &amp; State<br/>Hialeah, Florida<br/>Zip<br/>33016<br/>Country<br/>USA</b>                                |                                                                                   |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                            | <b>14000723</b><br>                                                                                        |                                                                                   |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                            | 01082004 Chg-P CR2E034 (10/03)                                                                                                                                                               |                                                                                   |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                            | 4. FEI Number<br><b>02-0554882</b>                                                                                                                                                           |                                                                                   | Applied For<br>Not Applicable                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                            | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                              |                                                                                   |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>MIRANDA, LESLIE<br/>2387 W 80TH STREET<br/>BAY 3<br/>HIALEAH, FL 33016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                            | 7. Name and Address of New Registered Agent<br>Name <b>Jorge E. Companioni</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2387 W. 80 St.<br/>Bay 8<br/>Hialeah FL 33016</b> |                                                                                   |                                                                              |
| 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE:  <b>Jorge E. Companioni</b> DATE: <b>01/08/04</b><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)</small>                                                                                                     |                                                                          |                                            |                                                                                                                                                                                              |                                                                                   |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                       |                                                                                   |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                        |                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PD<br>MIRANDA, LESLIE<br>1875 WEST 56TH STREET #210<br>HIALEAH, FL 33012 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                             | PD<br>Jorge E. Companioni<br>9044 NW 114 Tr.<br>Hialeah Gardens, FL 33018         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                             |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                             |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                             |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                             |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                             |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                          |                                            |                                                                                                                                                                                              |                                                                                   |                                                                              |
| SIGNATURE:  <b>Jorge E. Companioni</b> DATE: <b>01/08/04</b> (205) 362 1185<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                            |                                                                                                                                                                                              |                                                                                   |                                                                              |