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Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90004 004 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000022190

1. Entity Name
RED, WHITE & BLUE DME SERVICES INC.

14000723

Principal Place of Business	Mailing Address
1800 WEST 49TH STREET #121 HIALEAH, FL 33012	C/O LOPEZ ACCOUNTING 1800 WEST 49TH STREET #201 HIALEAH, FL 33012
2. Principal Place of Business: 2387 W. 80 St.	3. Mailing Address: 2387 W. 80 St.
Suite, Apt. #, etc: Bay 8	Suite, Apt. #, etc: Bay 8
City & State: Hialeah, Florida	City & State: Hialeah, Florida
Zip: 33016 Country: USA	Zip: 33016 Country: USA

01082004 Chg-P CR2E034 (10/03)

4. FEI Number: 02-0554882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MIRANDA, LESLIE
2387 W 80TH STREET
BAY 3
HIALEAH, FL 33016

7. Name and Address of New Registered Agent
Name: Jorge E. Companioni
Street Address (P.O. Box Number is Not Acceptable): 2387 W. 80 St.
Bay 8
City: Hialeah FL Zip Code: 33016

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.

SIGNATURE: [signature] Jorge E. Companioni DATE: 01/08/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRANDA, LESLIE 1875 WEST 56TH STREET #210 HIALEAH, FL 33012	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jorge E. Companioni 9044 NW 114 Ter. Hialeah Gardens, Fl. 33018	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Jorge E. Companioni 01/08/04 (305) 362 1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #