

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023640

Entity Name: MEDICAL EQUIPMENT CORP.

FILED  
Mar 13, 2005  
Secretary of State

## Current Principal Place of Business:

16250 HIGHWAY 3, STE B3  
WEBSTER, TX 77598

## New Principal Place of Business:

3115 MAPLE HILL DR  
FRIENDSWOOD, TX 77546

## Current Mailing Address:

16250 HIGHWAY 3, STE B3  
WEBSTER, TX 77598

## New Mailing Address:

2814 NOBLE GROVE LN  
KATY, TX 77494

FEI Number: 04-3628036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOVAR, ILEANA ARIAS ESQ.  
1725 MAIN STREET, SUITE NO. 205  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VTD ( ) Delete  
Name: GUERRA, ANTONIO  
Address: 16250 HIGHWAY 3, STE B3  
City-St-Zip: WEBSTER, TX 77598

Title: PSD ( ) Delete  
Name: OLIVARES, RUBEN  
Address: 16250 HIGHWAY 3, STE B3  
City-St-Zip: WEBSTER, TX 77598

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD (X) Change ( ) Addition  
Name: GUERRA, ANTONIO  
Address: 3115 MAPLE HILL DR  
City-St-Zip: FRIENDSWOOD, TX 77546

Title: PSD (X) Change ( ) Addition  
Name: OLIVARES, RUBEN  
Address: 3115 MAPLE HILL  
City-St-Zip: FRIENDSWOOD, TX 77546

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: LUIS R. DAUTANT C

CPA

03/13/2005

Electronic Signature of Signing Officer or Director

Date