

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000032230

FILED
May 03, 2005
Secretary of State**Entity Name:** ARIES MEDICAL EQUIPMENT & SUPPLIES, INC.**Current Principal Place of Business:**6741 S.W. 24TH STREET
SUITE 46
MIAMI, FL 33155**New Principal Place of Business:****Current Mailing Address:**6741 S.W. 24TH STREET
SUITE 46
MIAMI, FL 33155**New Mailing Address:****FEI Number:** 03-0410776**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LORENZO, JORGE SR
9420 S.W. 11TH STREET
MIAMI, FL 33174 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**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: LORENZO, JORGE SR
Address: 9420 S.W. 11TH STREET
City-St-Zip: MIAMI, FL 33174**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: JORGE LORENZO

PRES

05/03/2005

Electronic Signature of Signing Officer or Director_____
Date