2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State
02-02-2006 90088 001 ***150.00
02-02-2006 90088 002 *****8.75

DOCUMENT # P02000033073

1. Entity Name
GLOBAL MEDICAL EQUIPMENTS, INC.

Principal Place of Business	Mailing Address
7601 W. FLAGLER STREET, STE. 202 MIAMI, FL 33144	7601 W. FLAGLER STREET, STE. 202 MIAMI, FL 33144

01272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
13026 SW 120 St	13026 SW 120 St
Suite, Apt. #, etc. B	Suite, Apt. #, etc. B
City & State Miami Fl	City & State Miami Fl
Zip 33186 Country USA	Zip 33186 Country USA

4. FEI Number 75-3033393 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RAMOS, EUGENIO M
7601 W. FLAGLER STREET, STE. 202
MIAMI, FL 33144

7. Name and Address of New Registered Agent
Name Ramos Eugenio M
Street Address (P.O. Box Number is Not Acceptable) 13026 SW 120 St Suite B
City Miami FL Zip Code 33186

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] Eugenio Ramos 1/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	P RAMOS, EUGENIO M 7601 W. FLAGLER STREET, STE. 202 MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Ramos Eugenio M 13026 SW 120 St Suite B Miami Fl 33186	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] Eugenio Ramos 1/27/06 3052891520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #