

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 7601 W. FLAGLER STREET, STE. 202 MIAMI, FL 33144	Mailing Address 7601 W. FLAGLER STREET, STE. 202 MIAMI, FL 33144
--	--

2. Principal Place of Business 13026 SW 120 St Suite, Apt. #, etc. B	3. Mailing Address 13026 SW 120 St Suite, Apt. #, etc. B
--	--

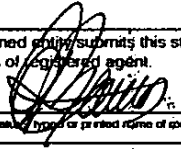
City & State Miami FL	City & State Miami FL
Zip 33186	Country USA



01272006 Chg-P CR2E034 (11/05)

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

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 P	☐ Delete RAMOS, EUGENIO M 7601 W. FLAGLER STREET, STE. 202 MIAMI, FL 33144	TITLE P	☐ Change ☐ Addition Ramos Eugenio M 13026 SW 120 St Suite B Miami FL 33186
TITLE VP	☐ Delete RAMOS, YAMILL 7601 W. FLAGLER STREET, STE. 202 MIAMI, FL 33144	TITLE VP	☐ Change ☐ Addition Ramos Yamill 13026 SW 120 St Suite B Miami FL 33186
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition

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:  Eugenio Ramos DATE 1/27/06 Daytime Phone # 3052891820 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	