


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90130 001 ***150.00
02-11-2005 90130 002 *****8.75

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| DOCUMENT # P02000056879 |  |
| 1. Entity Name ARAP MEDICAL EQUIPMENTS INC | |

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|---|---|
| Principal Place of Business 984 NE 79 ST. SUITE 984 MIAMI, FL 33138 | Mailing Address 984 NE 79 ST. SUITE 984 MIAMI, FL 33138 |
|---|---|

66001794



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|---|---|
| 2. Principal Place of Business 984 NE 79 ST | 3. Mailing Address 984 NE 79 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

02012005 Chg-P CR2E034 (10/03)

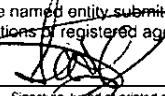
| | |
|---------------------------|---------------------------------|
| City & State FL | City & State Miami FL |
| Zip 33138 | Country USA |

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| 4. FEI Number 41-2042798 | Applied For <input type="checkbox"/> Not Applicable |
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|---------------------|-----------------------|---------------------|-----------------------|
| Zip 33138 | Country USA | Zip 33141 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

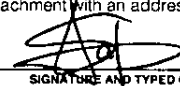
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ARAP-SILVIA 8540 BYRON AVE. APT. 1B MIAMI BEACH, FL 33141 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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|---|-------------------------|
| 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  | DATE 02/07/05 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ARAP, SILVIA 8540 BYRON AVE. APT. 1B MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | DATE 02/07/05 DAYTIME PHONE # 3057570607 |