

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 17, 2007
Secretary of State**

DOCUMENT# P02000090997

Entity Name: MATCH DURABLE MEDICAL EQUIPMENT INC.

Current Principal Place of Business:

8826 WEST FLAGLER STREET, #210
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

8826 WEST FLAGLER STREET, #210
MIAMI, FL 33174

New Mailing Address:

FEI Number: 74-3058654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARCASSES, JOSE DE JESUS
8826 WEST FLAGLER STREET, #210
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: PD () Delete
Name: DE JESUS CARCASSES, JOSE
Address: 8826 WEST FLAGLER STREET, #210
City-St-Zip: MIAMI, FL 33174

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARCASSES, JOSE DE JESUS
Address: 8826 WEST FLAGLER STREET, #210
City-St-Zip: MIAMI, FL 33174

Title: VPD () Change (X) Addition
Name: VERDURA, CONSUELO
Address: 8826 WEST FLAGLER ST, #210
City-St-Zip: MIAMI, FL 33174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSE DE JESUS CARCASSES

PD

09/17/2007

Electronic Signature of Signing Officer or Director

_____ Date