

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000111568

**FILED
May 05, 2005
Secretary of State****Entity Name:** VON MEDICAL EQUIPMENT CORP.**Current Principal Place of Business:**4070 NW 132 ST., BAY C
MIAMI, FL 33166**New Principal Place of Business:****Current Mailing Address:**
4070 NW 132 ST., BAY C
MIAMI, FL 33166**New Mailing Address:**

FEI Number: 02-0662707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:LABARRERA, OTTO V
8536 SW 107 AVE.
MIAMI, FL 33173 US**Name and Address of New Registered Agent:**CAMACHO, ROLDAN
4070 NW 132 ST., BAY C
MIAMI, FL 33166 US

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: ROLDAN CAMACHO

05/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PVST () Delete
Name: LABARRERA, OTTO V
Address: 4070 NW 132ND STREET BAY C
City-St-Zip: MIAMI, FL 33166Title: D (X) Delete
Name: LABARRERA, OTTO V
Address: 4070 NW 132ND STREET BAY C
City-St-Zip: MIAMI, FL 33166**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PSD (X) Change () Addition
Name: CAMACHO, ROLDAN
Address: 4070 NW 132ND STREET BAY C
City-St-Zip: MIAMI, FL 33166Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: ROLDAN CAMACHO

PRES

05/05/2005

Electronic Signature of Signing Officer or Director

Date