

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114510

FILED
Apr 15, 2004
Secretary of State

Entity Name: SANLA MEDICAL EQUIPMENT INC.

Current Principal Place of Business:

10460 SW 41 TERRACE
MIAMI, FL 33165

New Principal Place of Business:

3591 NW 20TH ST
MIAMI, FL 33142

Current Mailing Address:

10460 SW 41 TERRACE
MIAMI, FL 33165

New Mailing Address:

3591 NW 20TH ST
MIAMI, FL 33142

FEI Number: 06-1654856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMERO, JULIO L
10460 SW 41 TERRACE
MIAMI, FL 33165

Name and Address of New Registered Agent:

PEREZ, REYNIER
3591 NW 20TH ST
MIAMI, FL 33142

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: REYNIER PEREZ

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROMERO, JULIO L
Address: 10460 SW 41 TERRACE
City-St-Zip: MIAMI, FL 33165

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREZ, REYNIER
Address: 3591 NW 20TH ST
City-St-Zip: MIAMI, FL 33142

Title: VD () Change (X) Addition
Name: MONTES DE OCA, SANDRA
Address: 3591 NW 20TH ST
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the 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: REYNIER PEREZ

PD

04/15/2004

Electronic Signature of Signing Officer or Director

Date