

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002306

Entity Name: K.R. MEDICAL EQUIPMENT, INC.

FILED  
Mar 21, 2005  
Secretary of State

## Current Principal Place of Business:

900 NE 125 STREET  
217  
N. MIAMI LAKES, FL 33161

## Current Mailing Address:

900 NE 125 STREET  
217  
N. MIAMI LAKES, FL 33161

## New Principal Place of Business:

900 NE 125 STREET  
217  
N. MIAMI, FL 33161

## New Mailing Address:

900 NE 125 STREET  
217  
N. MIAMI, FL 33161

FEI Number: 20-0751138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALONSO, JOAQUIN  
1387 71 STREET  
MIAMI BEACH, FL 33141 US

## Name and Address of New Registered Agent:

JIMENEZ, PEDRO D  
900 NE 125 STREET  
217  
N. MIAMI, FL 33161 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: PEDRO D. JIMENEZ

03/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALONSO, JOAQUIN  
Address: 1387 71 STREET  
City-St-Zip: MIAMI BEACH, FL 33141

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: ALONSO, JOAQUIN  
Address: 1387 71 STREET  
City-St-Zip: MIAMI BEACH, FL 33141

Title: PD ( ) Change (X) Addition  
Name: JIMENEZ, PEDRO D  
Address: 900 NE 125 STREET, # 217  
City-St-Zip: N. MIAMI, FL 33161

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: PEDRO D. JIMENEZ

PRES

03/21/2005

Electronic Signature of Signing Officer or Director

Date