

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000002306

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

FILED
May 31, 2005
Secretary of State**Current Principal Place of Business:**900 NE 125 STREET
217
N. MIAMI, FL 33161**New Principal Place of Business:****Current Mailing Address:**900 NE 125 STREET
217
N. MIAMI, FL 33161**New Mailing Address:**

FEI Number: 20-0751138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:JIMENEZ, PEDRO D
900 NE 125 STREET
217
N. MIAMI, FL 33161 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: VP () Delete
Name: ALONSO, JOAQUIN
Address: 1387 71 STREET
City-St-Zip: MIAMI BEACH, FL 33141Title: PD () Delete
Name: JIMENEZ, PEDRO D
Address: 900 NE 125 STREET, # 217
City-St-Zip: N. MIAMI, FL 33161**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: JIMENEZ, PEDRO D
Address: 900 NE 125 STREET, #217
City-St-Zip: N. MIAMI, FL 33161Title: VP (X) Change () 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

PD

05/31/2005

Electronic Signature of Signing Officer or Director

Date