

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **P03000013487**

1. Entity Name

MNNT MEDICAL EQUIPMENT INC



FILED

05 MAY 3 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**7265 NW 12 ST
MIAMI, FL, 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0702441

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAIDELYS HERNANDEZ

10805 SW 134 PL

MIAMI, FL, 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARLOS HERNANDEZ	
STREET ADDRESS	10805 SW 134 PL, MIAMI, 33186	
CITY - ST - ZIP		
TITLE	VO	<input type="checkbox"/> Delete
NAME	MAIDELYS HERNANDEZ	
STREET ADDRESS	10805 SW 134 PL, MIAMI, FL, 33186	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500054517815
STREET ADDRESS	05/13/05--01054--009 **158.75
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500054517815
STREET ADDRESS	05/13/05--01054--010 **158.75
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

155/10

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CARLOS HERNANDEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/05

786-717-1512

Date

Daytime Phone #

April 26, 2005

**DIVISION OF CORPORATION
ANNUAL REPORT
P.O.BOX 1500**

**SUBJECT: 2,004 & 2,005 ANNUAL REPORT
(M N M MEDICAL EQUIPMENT Inc.)
Document # P03000013487**

We would like to inform the Department of Corporation that we have not received the green page to update our corporation for the year 2,004. Our new address is 7265 N W 12 St. Miami, Fl. 33126

We are requesting any waiver of penalties or interests and your deep understanding. Our Accountant questions us about it and advise us to explain as soon as possible the missing green paper.

We are including the 2,004 and 2,005 Annual Report completed and two checks to cover the required fee.

We need some understanding.

Sincerely;

**X Maidelys Hernandez.
Maidelys Hernandez
Vice-President**