


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90008 041 \*\*\*150.00

<b>DOCUMENT # P03000021315</b>	
1. Entity Name <b>SEBALEX MEDICAL EQUIPMENT, INC.</b>	

Principal Place of Business <b>10300 SW 72 STREET #470-B MIAMI, FL 33173</b>	Mailing Address <b>10300 SW 72 STREET #470-B MIAMI, FL 33173</b>
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**14022777**



2. Principal Place of Business <b>14246 SW 177TH St</b>	3. Mailing Address <b>14246 SW 177TH St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05182004 Chg-P CR2E034 (10/03)

City & State <b>MIami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33177</b>	Country <b>Miami-Dade</b>
Country <b>Miami-Dade</b>	Zip <b>33177</b>

4. FEI Number <b>56-2321712</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>GARCIA, EMIS F 10300 SW 72 STREET #470-B MIAMI, FL 33173</b>	
7. Name and Address of New Registered Agent Name <b>Garcia, Emis F</b> Street Address (P.O. Box Number is Not Acceptable) <b>14246 SW 177TH Street</b> City <b>Miami</b> FL Zip Code <b>33177</b>	

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 <i>Emis F Garcia</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>5/18/04</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, EMIS F 10300 SW 72 STREET #470-B MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Garcia, Emis F 14246 SW 177 TH St Miami, FL 33177-2618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: <i>Emis F Garcia</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>5/18/04 (305) 338-0381</b> Daytime Phone #

Attachment

1402277

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May 19, 2004

**SEBALEX MEDICAL EQUIPMENT, INC.**

10300 SW 72 STREET #470-B

MIAMI FL 33173

**Document Number**  
P03000021315

**FEI Number**  
NONE

**Date Filed**  
02/21/2003

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Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

As per my conversation with the specialist at the Division of Corporations, Sebalex Medical Equipment, INC, never received its annual business report probably due to a change of address. Therefore, we have submitted with this letter the enclosed UBR. Also enclosed is the appropriate annual fee.

Sincerely,

  
Jorge Banos  
Management