

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000021435

FILED
May 19, 2005
Secretary of State**Entity Name:** ESPERANZA MEDICAL EQUIPMENT, INC.**Current Principal Place of Business:**1800 SW 1ST ST
MIAMI, FL 33135**New Principal Place of Business:**1800 SW 1ST ST
309
MIAMI, FL 33135**Current Mailing Address:**1800 SW 1ST ST
MIAMI, FL 33135**New Mailing Address:**1800 SW 1ST ST
309
MIAMI, FL 33135**FEI Number:** 51-0447667**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VALDES, SONIA B
151 NW 19TH AVE #1
MIAMI, FL 33125 US**Name and Address of New Registered Agent:**HERNANDEZ, RUBEN D
1800 SW 1ST STREET
309
MIAMI, FL 33135 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: RUBEN D. HERNANDEZ

05/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: VALDES, SONIA B
Address: 151 NW 19TH AVE #1
City-St-Zip: MIAMI, FL 33125**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSD (X) Change () Addition
Name: HERNANDEZ, RUBEN D
Address: 1800 SW 1ST ST., # 309
City-St-Zip: MIAMI, FL 33135

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: RUBEN D. HERNANDEZ

PRES

05/19/2005

Electronic Signature of Signing Officer or Director

Date