FILED
May 24, 2004 8:00 am
Secretary of State
04-30-2004 90293 028 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000036623

1. Entity Name
TRUST MEDICAL EQUIPMENT, INC.

66423440

Principal Place of Business	Mailing Address
2959 S.W. 13TH STREET MIAMI, FL 33145	2959 S.W. 13TH STREET MIAMI, FL 33145

2. Principal Place of Business	3. Mailing Address
139 sw 22 ave	139 sw 22 ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: miami FL	City & State: miami fl
Zip: 33135 Country: USA	Zip: 33135 Country: USA

04232004 Chg-P CR2E034 (10/03)

4. FEI Number 51-0456999 — 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
FALCON, DANAYS 19651 NW 57TH PL. MIAMI, FL 33015	Name: Street Address (P.O. Box Number is Not Acceptable): 139 sw 22 ave City: miami FL Zip Code: 33135

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASFERRER, RAFAEL 19651 NW 57TH PL. MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 139 sw 22 ave miami FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: DANAYS FALCON 4/27/04 (786) 487-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #