

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000042780

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: FUSTER MEDICAL EQUIPMENT CORP.

## Current Principal Place of Business:

215 SW 17 AVE STE 302  
MIAMI, FL 33135

## New Principal Place of Business:

4765 W 8 AVE 2ND FLOOR  
HIALEAH, FL 33012

## Current Mailing Address:

215 SW 17 AVE STE 302  
MIAMI, FL 33135

## New Mailing Address:

4765 W 8 AVE 2ND FLOOR  
HIALEAH, FL 33012

FEI Number: 65-1183145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FUSTER, MARIA V  
215 SW 17 AVE STE 302  
MIAMI, FL 33135 US

## Name and Address of New Registered Agent:

FUSTER, MARIA V  
4765 W 8 AVE 2ND FLOOR  
MIAMI, FL 33012 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: MARIA FUSTER

01/04/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FUSTER, MARIA V  
Address: 14244 SW 100 LN  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: FUSTER, PASTOR JR.  
Address: 14244 SW 100 LN  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FUSTER, MARIA V  
Address: 4765 W 8 AVE 2ND FLOOR  
City-St-Zip: HIALEAH, FL 33012

Title: D (X) Change ( ) Addition  
Name: FUSTER, PASTOR JR.  
Address: 4765 W 8 AVE 2ND FLOOR  
City-St-Zip: HIALEAH, FL 33012

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: MARIA V FUSTER

P

01/04/2005

Electronic Signature of Signing Officer or Director

Date