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May 27, 2004 8:00 am
Secretary of State

04-28-2004 90288 042 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000100246

1. Entity Name
M.I.R. MEDICAL EQUIPMENTS INC.

66424561

02262004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
9074 N.W. 121TH STREET HIALEAH GARDENS, FL 33018	9074 N.W. 121TH STREET HIALEAH GARDENS, FL 33018

2. Principal Place of Business		3. Mailing Address	
801 S Federal Hwy		801 S Federal Hwy	
Suite, Apt. #, etc.: Suite 815		Suite, Apt. #, etc.: Suite 815	
City & State: Dania, Florida		City & State: Dania, Florida	
Zip: 33004	Country: USA	Zip: 33004	Country: USA

4. FEI Number: 20-0221600 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERON, MARISEL D
9074 N.W. 121TH STREET
HIALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent

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, 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	P RIVERON, MARISEL D 9074 N.W. 121TH STREET HIALEAH GARDENS, FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIVERON, IRIS E 9074 N.W. 121TH STREET HIALEAH GARDENS, FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Riveron Iris E. 780 N.E 174 St. North Miami Beach, Fl 33162 ☑ Change ☐ Addition
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
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

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: [signature] Marisel D. Riveron 4/30/04 (305)698-1072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #