

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000108273 1. Entity Name P & L MEDICAL EQUIPMENT CORP.																							
Principal Place of Business 4315 NW 7 ST SUITE 49 MIAMI, FL 33126			Mailing Address 4315 NW 7 ST SUITE 49 MIAMI, FL 33126																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																				
City & State			City & State																				
Zip		Country		Zip																			
Country		Country		4. FEI Number 01152004 Chg-P CR2E034 (10/03)																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																			
6. Name and Address of Current Registered Agent VALDEZ, PEDRO 4315 NW 7 ST SUITE 49 MIAMI, FL 33026				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 <u>Pedro Valdes</u> DATE <u>1/15/04</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>VALDEZ, PEDRO</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>4315 NW 7 ST SUITE 49 MIAMI, FL 33126</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	VALDEZ, PEDRO		CITY - ST - ZIP	4315 NW 7 ST SUITE 49 MIAMI, FL 33126		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>U000000009912</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>01/22/04-80010-018 150.00</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	U000000009912		CITY - ST - ZIP	01/22/04-80010-018 150.00	
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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: <u>Pedro Valdes</u> DATE <u>1/15/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							