
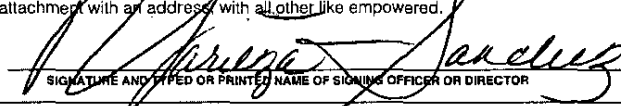


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90050 039 \*\*\*150.00

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<b>DOCUMENT # P03000112372</b> 1. Entity Name <b>AFFORDABLE MEDICAL EQUIPMENT SOLUTIONS, INC.</b>			
Principal Place of Business <b>GOLDENROAD BUSINESS CENTER 214 N GOLDENROD RD. SUITE A-6 ORLANDO, FL 32807</b>		Mailing Address <b>GOLDENROAD BUSINESS CENTER 214 N GOLDENROD RD. SUITE A-6 ORLANDO, FL 32807</b>	
2. Principal Place of Business <b>Goldenrod Business Center</b> Suite, Apt. #, etc. <b>214 N. Goldenrod Rd. Ste A-6</b>		3. Mailing Address <b>Goldenrod Business Center</b> Suite, Apt. #, etc. <b>214 N. Goldenrod Rd. Ste A-6</b>	
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>	
Zip <b>32807</b>		Zip <b>32807</b>	
Country		Country	
4. FEI Number <b>03252004</b>		Chg-P <b>CR2E034 (10/03)</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SANCHEZ, YARITZA GOLDENROAD BUSINESS CENTER 214 N GOLDENROD RD. SUITE A-6 ORLANDO, FL 32807</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SANCHEZ, YARITZA 214 N. GOLDENROAD RD. STE A-6 ORLANDO, FL 32807	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLON, YAZMIN 214 N. GOLDENROAD RD. STE A-6 ORLANDO, FL 32807	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANCHEZ, REINER 214 N. GOLDENROAD RD. STE A-6 ORLANDO, FL 32807	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date <b>12/30/04</b> Daytime Phone # <b>407-381-9018</b>	