


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> 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
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DO NOT WRITE IN THIS SPACE



03072005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 75-3132737	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<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	DO NOT WRITE IN THIS SPACE
<b>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.</b>	

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000260351</b> <b>03/12/05-80022-003 150.00</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CEO SANCHEZ, YARITZA 214 N. GOLDENROAD RD. STE A-6 ORLANDO, FL 32807
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V COLON, YAZMIN 214 N. GOLDENROAD RD. STE A-6 ORLANDO, FL 32807
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T SANCHEZ, REINER 214 N. GOLDENROAD RD. STE A-6 ORLANDO, FL 32807
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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.**

<b>SIGNATURE:</b> <i>[Signature]</i>	<b>03/08/05</b>	<b>407-381-8211</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>