

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000112372

1. Entity Name
AFFORDABLE MEDICAL EQUIPMENT SOLUTIONS, INC.



Principal Place of Business

**GOLDENROAD BUSINESS CENTER
214 N GOLDENROD RD. SUITE A-6
ORLANDO, FL 32807**

Mailing Address

**GOLDENROAD BUSINESS CENTER
214 N GOLDENROD RD. SUITE A-6
ORLANDO, FL 32807**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3132737

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANCHEZ, YARITZA
GOLDENROAD BUSINESS CENTER
214 N GOLDENROD RD. SUITE A-6
ORLANDO, FL 32807**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
SANCHEZ, YARITZA
214 N. GOLDENROAD RD. STE A-6
ORLANDO, FL 32807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
COLON, YAZMIN
214 N. GOLDENROAD RD. STE A-6
ORLANDO, FL 32807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SANCHEZ, REINER
214 N. GOLDENROAD RD. STE A-6
ORLANDO, FL 32807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000001241424
01/24/06 80019-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/19/06 407-381-8211