

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

07-12-2005 90039 001 \*\*\*150.00

20062941



07012005 Chg-P CR2E034 (10/03)

4. FEI Number **37-1478939** Applied For ☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

GARCIA, ALEJANDRO  
2550 NW 72 AVE.  
STE: 319  
MIAMI, FL 33122

## 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] DATE 7/15/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE **PSTV** ☐ Delete  
NAME **GARCIA, ALEJANDRO**  
STREET ADDRESS **2550 NW 72 AVE. STE:319**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **D** ☐ Delete  
NAME **GARCIA, ALEJANDRO**  
STREET ADDRESS **2550 NW 72 AVE., STE 319**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/15/05 (305) 591-2802  
Faxing Phone #

ATTACHMENT

26662941

**Enterprise Medical Equipment, Inc.**

**2550 NW 72 Avenue  
Suite 319**

**Miami, FL 33122**

**Telephone: (305) 591-2802**

**Fax: (305) 591-2883**

July 5, 2005

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

RE: Enterprise Medical Equipment, Inc  
Document Number P03000133030

Dear Sirs:

Please be advised that the Annual Report Registration form for the year 2005 was not received. Therefore, I am requesting that you please waive the \$500.00 late fee charge. Enclosed please find a check in the amount of \$150.00 for the 2005 Annual Report.

Should you have any questions or need any additional information do not hesitate to contact me at (305) 591-2802.

Thank you in advance for your attention in this utmost important matter.

Respectfully,

Alejandro Garcia

