


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90039 021 \*\*\*150.00

<b>DOCUMENT # P03000139813</b>	
1. Entity Name <b>BALLESTER MEDICAL-EQUIPMENT, INC.</b>	

Principal Place of Business <del>4160 WEST 16TH STREET</del> STE 201 HIALEAH, FL 33012	Mailing Address <del>4160 WEST 16TH STREET</del> STE 201 HIALEAH, FL 33012
---	---

**50061830**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. <b>4160 WEST 16TH Avenue</b>	Suite, Apt. #, etc. <b>4160 WEST 16TH Avenue</b>
City & State	City & State

08022005 Chg-P CR2E034 (10/03)

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>59-3773241</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
<b>BALLESTER, BARBARO</b> <b>21420 SW 88TH AVENUE</b> <b>MIAMI, FL 33189</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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	<b>D</b> <b>BALLESTER, BARBARO</b> <b>21420 SW 88TH AVENUE</b> <b>MIAMI, FL 33189</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Barbara Ballester* Director Date: 8/10/05 3052318171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



ATTACHMENT

50061830

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 2, 2005

BALLESTER MEDICAL-EQUIPMENT, INC.  
4160 WEST 16TH AVENUE  
STE 201  
HIALEAH, FL 33012

SUBJECT: BALLESTER MEDICAL-EQUIPMENT, INC.  
Ref. Number: P03000139813

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kristen Eckel  
Document Specialist

Letter Number: 505A00049756

We respect fully asked that you take under  
consideration that the address was wrong  
and we did NOT received the prior notice  
to pay Thank you.