2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147357

Entity Name: MNJ MEDICAL EQUIPMENT INC.

FILED Sep 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4070 NW 132 STREET 4070 NW 132 STREET

BAY O BAY O

MIAMI, FL 33054 OPA LOCKA, FL 33054

Current Mailing Address: New Mailing Address:

4070 NW 132 STREET 4070 NW 132 STREET

BAY O BAY O

MIAMI, FL 33054 OPA LOCKA, FL 33054

FEI Number: 20-0462535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NUNEZ, MIRIAM NUNEZ, MIRIAM 4070 NW 132 STREET 4070 NW 132 STREET BAY O BAY O

MIAMI, FL 33054 US OPA LOCKA, FL 33054 US

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.

SIGNATURE: MIRIAM NUNEZ 09/27/2004

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

NUNEZ, MIRIAM Name: Name: NUNEZ, MIRIAM 4070 NW 132 STREET, BAY 0 4070 NW 132 STREET, BAY 0 Address: Address:

City-St-Zip: MIAMI, FL 33054 City-St-Zip: OPA LOCKA, FL 33054

Title: V/D Title: (X) Change () Addition () Delete LABARRERA, JOSE RIGOBERTO Name: Name: LABARRERA, JOSE RIGOBERTO 4070 NW 132 STREET, BAY O Address: 4070 NW 132 STREET, BAY O Address: MIAMI, FL 33054 OPA LOCKA, FL 33054 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MIRIAM NUNEZ 09/27/2004