2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000158151

Entity Name: WWW.MEDICAL-EQUIPMENT-MARKETING.COM INC.

FILED Nov 03, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

1521 ALTON ROAD

#224 MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

1521 ALTON RD. #224 MIAMI BEACH, FL 33139

FEI Number: 58-2679283 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:

TRINGALI, RORY 1200 WEST AVE #705

MIAMI BEACH, FL 33139 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: RORY TRINGALI

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

Name: TRINGALI, RORY Name: TRINGALI, RORY

 Address:
 1200 WEST AVE #705
 Address:
 650 WEST AVENUE #2508

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI BEACH, FL 33139

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.

SIGNATURE: RORY TRINGALI CEO 11/03/2005