
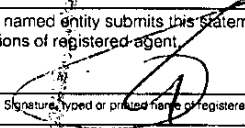
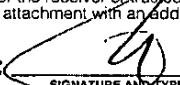


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90128 024 ***150.00

DOCUMENT # P04000003888					
1. Entity Name ANAR MEDICAL EQUIPMENT & SUPPLIES, INC					
Principal Place of Business 3191 CORAL WAY STE 601 MIAMI, FL 33145		Mailing Address 3191 CORAL WAY STE 601 MIAMI, FL 33145			
2. Principal Place of Business 3191 CORAL WAY Suite, Apt. #, etc. 601		3. Mailing Address 3191 CORAL WAY Suite, Apt. #, etc. 601			
City & State MIAMI, FLORIDA		City & State MIAMI, FL		4. FEI Number 200564707	
Zip 33145		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUBA, ARISTIDES B 101 SW 31 COURT MIAMI, FL 33135		7. Name and Address of New Registered Agent Name: CUBA, ARISTIDES B. Street Address (P.O. Box Number is Not Acceptable): 3191 CORAL WAY STE 601 City: MIAMI FL Zip Code: 33145			
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: 		ARISTIDES B. CUBA		03/07/2005	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUBA, ARISTIDES B 101 SW 31 COURT MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUBA, ARISTIDES B. 3191 CORAL WAY, STE 601 MIAMI, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUBA, ARISTIDES B 101 SW 31 COURT MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARISTIDES B. CUBA 3191 CORAL WAY, STE 601 MIAMI, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: 		ARISTIDES B. CUBA		03/07/2005 (305) 442-7002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	