

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003888

FILED
Jan 06, 2006
Secretary of State

Entity Name: ANAR MEDICAL EQUIPMENT & SUPPLIES, INC

Current Principal Place of Business:

3191 CORAL WAY
STE 601
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

3191 CORAL WAY
STE 601
MIAMI, FL 33145

New Mailing Address:

FEI Number: 20-0564707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUBA, ARISTIDES B
3191 CORAL WAY STE 601
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CUBA, ARISTIDES B
Address: 3191 CORAL WAY STE 601
City-St-Zip: MIAMI, FL 33145 US

Title: VP () Delete
Name: CUBA, ARISTIDES B
Address: 3191 CORAL WAY STE 601
City-St-Zip: MIAMI, FL 33145 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ARISTIDES B. CUBA

P

01/06/2006

Electronic Signature of Signing Officer or Director

_____ Date