2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 03, 2005 8:00 am Secretary of State **DOCUMENT # P04000003933** 1. Entity Name 05-03-2005 90167 012 ***150.00 RKA MEDICAL EQUIPMENT, INC Mailing Address Principal Place of Business 42 NW 27 AVENUE 42 NW 27 AVENUE **1:020000** SUITE 311-B SUITE 311-B MIAMI, FL 33125 MIAMI, FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (10/03) 04292005 Chg-P Applied For City & State City & State 20-056477 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NO/GR ALONSO, NORGE R 7801 ABBOTT AVENUE MIAMI BEACH, FL 33141 8255 ABDOTTAVE + 304 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 fami the obligations of registered agent. SIGNATURE nt and title (applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVST** ☐ Change Addition ☐ Detete TIRE MOZGER ALONSO, NORGE R NAME NAME 7801 ABBOTT AVENUE STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change ALONSO, NORGE R NAME NAME STREET ADDRESS 7801 ABBOTT AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP Change ___ Addition TITLE □ Detete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE []] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change - Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY+ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting 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.

ME OF SIGNING OFFICER OR DIRECTOR

FILED