2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003933

Entity Name: RKA MEDICAL EQUIPMENT, INC

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 42 NW 27 AVENUE SUITE 311-B MIAMI, FL 33125 **New Mailing Address: Current Mailing Address:** 42 NW 27 AVENUE SUITE 311-B MIAMI, FL 33125 FEI Number: 20-0564770 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: ALONSO, NORGE R 8255 ABBOTT AVENUE, 304 MIAMI BEACH, FL 33141 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** () Delete Title: PDTS (X) Change () Addition ALONSO, NORGE R Name:

ALONSO, NORGE R Name: 8255 ABBOTT AVENUE, 304 Address: City-St-Zip: MIAMI BEACH, FL 33141

Title: (X) Delete Name: ALONSO, NORGE R

7801 ABBOTT AVENUE Address: MIAMI BEACH, FL 33141 City-St-Zip:

Title: () Change () Addition Name: Address:

Address:

City-St-Zip:

City-St-Zip:

8255 ABBOTT AVENUE, 304

MIAMI BEACH, FL 33141

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: NORGE ALONSO PDT 04/27/2006