2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# P04000012644

Entity Name: HUMANA MEDICAL EQUIPMENT, INC

Current Principal Place of Business:

4501 PALM AVE.
SUITE 205
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4501 PALM AVE.
SUITE 205
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 90-0135185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, IRIA L
1130 SW 36 CT
MIAMI, FL 33135 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: HERNANDEZ, DAYAMI
Address: 920 NW 44 AVE APT# 24
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Delete
Name: TORRES, IRIA L
Address: 1130 SW 36 CT
City-St-Zip: MIAMI, FL 33135

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 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: DAYAMI HERNANDEZ P 06/30/2005

Electronic Signature of Signing Officer or Director Date