

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024548

Entity Name: L & A MEDICAL EQUIPMENT INC.

FILED  
Apr 20, 2005  
Secretary of State

## Current Principal Place of Business:

471 NW 36 ST STE 220  
MIAMI, FL 33166

## New Principal Place of Business:

4471 NW 36 ST STE 220  
MIAMI, FL 33166

## Current Mailing Address:

471 NW 36 ST STE 220  
MIAMI, FL 33166

## New Mailing Address:

4471 NW 36 ST STE 220  
MIAMI, FL 33166

FEI Number: 20-0731185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARRUGO, LISBETH C  
471 NW 36 ST STE 220  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

GUZMAN, MANUEL  
4471 NW 36 ST STE 220  
MIAMI, FL 33166 US

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: M. GUZMAN

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MARRUGO, LISBETH C  
Address: 471 NW 36 ST STE 220  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: GUZMAN, MANUEL  
Address: 4471 NW 36 ST STE 220  
City-St-Zip: MIAMI, FL 33166

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: M.GUZMAN

DIR

04/20/2005

Electronic Signature of Signing Officer or Director

Date