2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State
02-18-2005 90052 028 ***150.00

DOCUMENT # P04000033329

1. Entity Name

HEALTHY STYLE MEDICAL EQUIPMENT SERVICES INC.

Principal Place of Business	Mailing Address
215 SW 17 ST STE 313 MIAMI FL 33135	215 SW 17 ST STE 313 MIAMI FL 33135

bbUU/JUU

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
215 SW 17 Ave	215 SW 17 Ave
Suite, Apt. #, etc.: Suite # 313	Suite, Apt. #, etc.: Suite # 313
City & State: Miami, FL	City & State: Miami, FL
Zip: 33135 Country: Dade	Zip: 33135 Country: Dade.

4. FEI Number 01-0806519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, JOANES 12020 SW 181 TER MIAMI FL 33177	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 familiar with, and accept the obligations of registered agent.

SIGNATURE X Joanes Perez [signature] 02/08/05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PEREZ, JOANES 12020 SW 181 TER MIAMI FL 33177 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

Please, notice that the correct address is
215 SW 17 Ave
Suite 313
Miami Fl 33135
thanks, Joanes Perez

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: X Joanes Perez [signature] 02/08/05 (305)649-3389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #