2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# P04000048113

Entity Name: LORENZO AND DIAZ MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

900 WEST 49 STREET SUITE 538
HIALEAH, FL 33012

New Principal Place of Business:

900 WEST 49TH STREET SUITE 538
HIALEAH, FL 33012

Current Mailing Address:

900 WEST 49 STREET SUITE 538
HIALEAH, FL 33012

New Mailing Address:

7105 WEST 2ND COURT
HIALEAH, FL 33014

FEI Number: 20-0899046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORENZO, JEANILIER
5460 W 13 CT
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

BRIEL, MIRELYS
7105 WEST 2ND COURT
HIALEAH, FL 33014 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: MIRELYS BRIEL 05/03/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LORENZO, JEANILIER
Address: 5460 WEST 13 CT
City-St-Zip: HIALEAH, FL 33012

Title: VD (X) Delete
Name: DIAZ, NEILAN
Address: 2390 NW 100 STREET
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BRIEL, MIRELYS
Address: 7105 WEST 2ND COURT
City-St-Zip: HIALEAH, FL 33014

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: MIRELYS BRIEL PD 05/03/2005
Electronic Signature of Signing Officer or Director Date