

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

01-20-2005 90028 034 ***150.00

DOCUMENT # P04000055510 1. Entity Name CITY MEDICAL EQUIPMENT SERVICES, INC.					
Principal Place of Business 215 SW 17TH AVE SUITE 216 MIAMI, FL 33135			Mailing Address 215 SW 17TH AVE SUITE 216 MIAMI, FL 33135		
2. Principal Place of Business 9440 W. FLAGLER ST Suite, Apt. #, etc. 410		3. Mailing Address 9440 W FLAGLER ST Suite, Apt. #, etc. 410			
City & State MIAMI FL.		City & State MIAMI FL.		4. FEI Number 34-1988417	
Zip 33174		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IGLESIAS, YVONNE -- 9440 W FLAGLER ST #410 MIAMI, FL 33174				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entry 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P IGLESIAS, YVONNE 9440 W FLAGLER ST #410 MIAMI, FL 33174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Yvonne Iglesias</i></u> YVONNE IGLESIAS 1/18/05 786-514-1176 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66003903



01102005 Chg-P CR2E934 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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SIGNATURE: *Yvonne Iglesias* **YVONNE IGLESIAS** 1/18/05 786-514-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR