2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060392

Entity Name: F.D.W. MEDICAL EQUIPMENT, INC.

FILED Feb 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5078 NW 74 AVE 4245 NW 167 TER

3 OPA LOCKA, FL 33055 US

MIAMI, FL 33166 US

Current Mailing Address: New Mailing Address:

5078 NW 74 AVE 4245 NW 167 TER

B OPA LOCKA, FL 33055 US MIAMI, FL 33166 US

FEI Number: 87-0724220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUTIEZ, HUMBERTO
5078 NW 74 AVE
B
GUTIEZ, HUMBERTO
4245 NW 167 TER
OPA LOCKA, FL 33055 US

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: HUMBERTO GUTIEZ 02/15/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 GUTIEZ, HUMBERTO
 Name:
 GUTIEZ, HUMBERTO

 Address:
 5078 NW 74 AVE STE B
 Address:
 4245 NW 167 TER

 City-St-Zip:
 MIAMI, FL 33166 US
 City-St-Zip:
 OPA LOCKA, FL 33055 US

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: HUMBERTO GUTIEZ P 02/15/2005