

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071368

FILED
Feb 16, 2005
Secretary of State

Entity Name: KARILED MEDICAL EQUIPMENT, CORP.

Current Principal Place of Business:

111 WEST 16TH ST.
HIALEAH, FL 33010

New Principal Place of Business:

1140 WEST 50 ST
306
HIALEAH, FL 33010

Current Mailing Address:

111 WEST 16TH ST.
HIALEAH, FL 33010

New Mailing Address:

1140 WEST 50 ST
306
HIALEAH, FL 33010

FEI Number: 34-1993142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, WIDAYESSI
111 WEST 16TH ST.
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERNANDEZ, WIDAYESSI
Address: 111 WEST 16TH ST.
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WIDAYESSI FERNANDEZ

PD

02/16/2005

Electronic Signature of Signing Officer or Director

_____ Date