2008

FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 JAN 17 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000073867

1. Entity Name

Don Medical Equipment, Inc

REINSTATEMENT 05-08

01172006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
10395 NW 41 st	10395 NW 41 st
Suite, Apt. #, etc. ste 240	Suite, Apt. #, etc. ste 240
City & State Doral Fl	City & State Doral, Fl
Zip 33178 Country US	Zip 33178 Country US

4. FEI Number — [X] 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

Name: Riega Adrian samuel

Street Address (P.O. Box Number is Not Acceptable)

6350 NW 201 St

City Miami FL Zip Code 33015

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 Adrian J Riega 1/10/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	President Don, Lissette 9820 NW 80 ave unit 6-R Hialeah Gardens, Fl 33016 [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Riega Adrian samuel 6350 NW 201 st Miami, Fl 33015 [X] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100116461211 01/30/08--01034--023 **600.00 [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Adrian J Riega 1/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #

P04000073867

DON MEDICAL EQUIPMENT, INC
10395 NW 41 ST STE 240
DORAL, FL 33178

January 11, 2008

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice Reminding me of the Uniform Business Report of my company Don Medical Equipment, Inc. with Document # P 04000073867. Along with this Business Report for the years of 2005-2006-2007-2008.

If you need further assistance please feel free to contact us. Thank you in advance for your help.

Sincerely,

Adrian Samuel Riega