## 2006 FOR PROFIT CORPORATION

**FILED** Mar 09, 2006 08:00 AM

ANNUAL REPORT					Secretary of State			
1. Entity Nam		2			Secret	ary of	State	
L.C.D ME	EDICAL EQUIPMENT INC.							
· ·	• •	halling Address 17304 WALKER AVE.						
SUITE 113 SUITE 113								
MIAMI, FL 3	3157	MIAMI, FL 33157						
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	e e e e e e e e e e e e e e e e e e e	e e e e e e e e e e e e e e e e e e e		5. Certificate	of Status Desired	□ <b>\$</b>	8.75 Additional Required	
	6. Name and Address of Current Regi	stered Agent			· .			
SOTO, RAPHAEL 17304 WALKER AVE.				DO	NOT W	RITE		
SUITE 113 MIAMI, FL 33157				IN .	THIS SF	PACE		
	. NO INI		}				•	
	named entity submits this statement for the lions of registered agent.	purpose of changing its registe	red affice or re	agistered agent, or bo	oth, in the State of Fi	orida. I am (a	miliar with, and acc	
SIGNATURE.	Bignature, typed or printed name of registered agent and m	a II applicable. (NOTE: Register	ed Agent signsture	required when reinstating)		DATE		
FILE NOWIS: FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  7. Election Campaign Final Trust Fund Contribution				\$5.00 May Be Added to Fees	5.00 May Be ided to Fees			
10.	OFFICERS AND DIRE	CTORS	1		· ·			
TITLE NAME	PSD SOTO, RAFAEL		1					
STREET ADDRESS CITY-ST-ZIF	12415 SW 207TH TERRACE MIAMI, FL 33177	-	1		. 93/21708 1100000	461851	na t⊑a na	
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12. I hereby certily that the information supplied with this filling 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all gifter like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP nne NAME STREET ADDRESS CTTY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 6