2005 FOR PROFIT CORPORATION

FILED Mar 30, 2005 8:00 am Secretary of State

ANNUAL REPORT								Secretary of State				
DOCUMENT # P04000098219 1. Entity Name									03-30-2005 9	90036 04	45 ***150.	00
SUNŚET MEDICAL EQUIPMENT SUPPLY INC.												
Principal Place of Business				Mailing Address				40044430				
9745 SUNSET DR				9745 SUNSET DR								
SUITE 118-D			SUITE 118-D									
MIAMI, FL 33173				MIAMI, FL 33173				I IERSEDA III	2011 Albii 2511 8517 A	Sili esile isisi		(BB) (BB)
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03172005	Chg-P	CR2E	(10/03)		
City & State			City & State				-	4. FEI Numb	-0725	700		pplied For at Applicable
Zip				Zip	try		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Curren	t Regis	stered Agent		Nome		7. Name and	Address of New	Registered	Agent	
SOLANO, OLGA						Name						
1950 SW 122 AVE						Street Add	dress (P.O. Box Numb	er is Not Acceptab	ole)		
APT 513 MIAMI, FL 33175												
, , , , , , , , , , , , , , , , , , ,						City		·		F	Zip Cod	 _
The above named entity submits this statement for the purpose of changing its registered office or									th is the Otata of F	F	<u> </u>	
	named entitions of regist		ior me	purpose or changing its	registere	ed Office of re	egister	ed agent, or bo	in, in the State of F	Horida. Tar	n ramiliar with,	and accept
SIGNATURE_												
SIGNATURE	Signature, typed	or printed name of registered ages	nt and title	if applicable. (NOTE	: Registere	d Agent signature	required	when reinstating)		DATE		
			-	9. Election Campai	on Finar	acina i	¢5	.00 May Be	•			- - - -
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution							Add	ed to Fees				
10.		OFFICERS AN	D DIRE	CTORS .	11.			ADDITIONS	CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
TITLE	PD	01.04		☐ Delete	TITLE	l l					Change	Addition
NAME STREET ADDRESS	SOLANO 1950 SW	, OLGA 122 AVE APT 513			NAM STRE	ET ADDRESS						
CITY-ST-ZIP	MIAMI, FI					-ST-ZiP						
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NAME					NAM							
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STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP				☐ Delete	TITU	-ST-ZIP		<u> </u>			☐ Change	Addition
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CITY-ST-ZIP					CITY	-ST-ZIP						
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NAME					· NAM			•		,		7.74
STREET ADDRESS		•		nov.	STRE	ET ADDRESS						

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.

CITY-ST-ZIP

CITY-ST-ZIP ::

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/05

Date

Daytime Phone 4