

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099467

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** SARDINA MEDICAL EQUIPMENT, CORP.

**Current Principal Place of Business:**

9745 S.W. 72ND ST.  
SUITE 116-A  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9745 S.W. 72ND ST.  
SUITE 116-A  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 20-1316217      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SARDINA, PEDRO P  
10467 SW 216 STREET APT 203  
MIAMI, FL 33190 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: SARDINA, PEDRO P  
Address: 9745 S.W. 72ND ST. STE 116-A  
City-St-Zip: MIAMI, FL 33173

**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: PEDRO P SARDINA

PD

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date