

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000108381

FILED
Nov 05, 2005
Secretary of State**Entity Name:** MIRACLE MEDICAL EQUIPMENT & SUPPLIES, INC.**Current Principal Place of Business:**1570 WEST 38TH PLACE
UNIT # 11
HIALEAH, FL 33012**New Principal Place of Business:**12385 SW 129TH CT
STE 115
MIAMI, FL 33186**Current Mailing Address:**1570 WEST 38TH PLACE
UNIT # 11
HIALEAH, FL 33012**New Mailing Address:**12385 SW 129TH CT
STE 115
MIAMI, FL 33186**FEI Number:** 34-2006575**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LASO, OSVALDO
8930 SW 142 AVE #10-27
MIAMI, FL 33186 US**Name and Address of New Registered Agent:**LASO, OSVALDO
8932 SW 142 AVE #808
MIAMI, FL 33186 US

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: OSVALDO LASO

11/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: LASO, OSVALDO
Address: 8930 SW 142 AVE #10-27
City-St-Zip: MIAMI, FL 33186**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: LASO, OSVALDO
Address: 8932 SW 142 AVE #808
City-St-Zip: MIAMI, FL 33186

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: OSVALDO LASO

PD

11/05/2005

Electronic Signature of Signing Officer or Director

Date