

**-FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** ATX1  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P04000151149	
<b>1. Entity Name</b>	
JUANA MEDICAL EQUIPMENT INC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1701 W FLAGLER ST, STE 226		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b>	
<b>Zip</b> 33125	<b>Country</b>	<b>Zip</b>	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 84-1660800		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> JUANA RIVAS	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 8550 NW 30 AVE	
<b>City</b> MIAMI	<b>Zip Code</b> 33147

**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** Juana Rivas **JUANA RIVAS, PRESIDENT** **3/16/2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P RIVAS, JUANA 8550 NW 30 AVE MIAMI, FL 33147
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP HERNANDEZ, GEURYS J 8550 NW 30 AVE MIAMI, FL 33147
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**11.**

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Juana Rivas **JUANA RIVAS, PRESIDENT** **3/16/2005** **(305) 836-0199**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #