

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000160279 1. Entity Name L & L MEDICAL EQUIPMENT, CORP																																											
Principal Place of Business 7321 WEST FLAGLER STREET SUITE A MIAMI, FL 33144		Mailing Address 7321 WEST FLAGLER STREET SUITE A MIAMI, FL 33144																																									
DO NOT WRITE IN THIS SPACE		 04122006 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 32-0133011</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 32-0133011	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
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6. Name and Address of Current Registered Agent LOPEZ, LISETTE 7321 WEST FLAGLER STREET SUITE A MIAMI, FL 33144		DO NOT WRITE IN THIS SPACE																																									
<p>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.</p> <p>SIGNATURE:  <u>04/13/06</u> DATE</p> <p style="font-size: small;">(NOTE: Registered Agent signature required when reinstating)</p>																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>PD</td></tr><tr><td>NAME</td><td>LOPEZ, LISETTE</td></tr><tr><td>STREET ADDRESS</td><td>7321 WEST FLAGLER STREET SUITE A</td></tr><tr><td>CITY- ST- ZIP</td><td>MIAMI, FL 33144</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		TITLE	PD	NAME	LOPEZ, LISETTE	STREET ADDRESS	7321 WEST FLAGLER STREET SUITE A	CITY- ST- ZIP	MIAMI, FL 33144	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		DO NOT WRITE IN THIS SPACE	
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<p>12. I hereby certify that the information supplied with this filing 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 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.</p> <p>SIGNATURE:  <u>04/13/06</u> DATE Daytime Phone #</p> <p style="font-size: small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																																											