

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90014 030 ***150.00

DOCUMENT # P04000163524

1. Entity Name
MEDICAL EQUIPMENT EXPORT INC.



Principal Place of Business
**101 WEST 17 ST.
MIAMI, FL 33012**

Mailing Address
**101 WEST 17 ST.
MIAMI, FL 33012**

20063221



2. Principal Place of Business

3. Mailing Address

101 W 17 ST
Suite, Apt. #, etc.

101 W 17 ST
Suite, Apt. #, etc.

07112005

Chg-P

CR2E034 (10/03)

City & State

City & State

Hialeah

Hialeah

Zip

Country

Zip

Country

33010

USA

33010

USA

4. FEI Number

36-2491532

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DIAZ NUNEZ, LAZARO R
101 WEST 17 ST.
MIAMI, FL 33012**

7. Name and Address of New Registered Agent

Name **LAZARO R DIAZ NUNEZ**

Street Address (P.O. Box Number is Not Acceptable)

101 W 17 ST

City

Hialeah

FL

Zip Code

33010

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

LAZARO R DIAZ NUNEZ

7-11-05

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DIAZ NUNEZ, LAZARO R
101 WEST 17 ST.
MIAMI, FL 33012**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Hialeah FL 33010
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]
LAZARO R DIAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-05
Date

786 3907143
Daytime Phone #