# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2008**
**Secretary of State**

DOCUMENT# P04000166093

**Entity Name:** ACE MEDICAL EQUIPMENT RENT & SALES, INC.

**Current Principal Place of Business:**

1631 N.E. 8TH STREET
HOMESTEAD, FL 330334603

**New Principal Place of Business:**

1631 NE 8TH STREET
HOMESTEAD, FL 330334603

**Current Mailing Address:**

1631 N.E. 8TH STREET
HOMESTEAD, FL 330334603

**New Mailing Address:**

**FEI Number: 26-0101919** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LEON, FRANCISCO
441 SW 57 AVE. 2
MIAMI, FL 33144 US

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

CHAMI, ABDUL K
28395 SW 187 AVE
HOMESTEAD, FL 33030 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: ABDUL KARIM CHAMI 04/28/2008
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete
Name: LEON, FRANCISCO
Address: 441 SW 57 AVE., 2
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: CHAMI, ABDUL K
Address: 28395 SW 187 AVE
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ABDUL KARIM CHAMI P 04/28/2008
Electronic Signature of Signing Officer or Director Date