2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006
Secretary of State

DOCUMENT# P05000075382

Entity Name: LOPEZ MEDICAL EQUIPMENTS CORP

Current Principal Place of Business:

330 E. 3RD ST., STE. 2
HIALEAH, FL 33010

New Principal Place of Business:

1790 WEST 49TH STREET
305-14
HIALEAH, FL 33012

Current Mailing Address:

330 E. 3RD ST., STE. 2
HIALEAH, FL 33010

New Mailing Address:

1790 WEST 49TH STREET
305-14
HIALEAH, FL 33012

FEI Number: 20-2904392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, ANABEL
330 E. 3RD ST., STE. 2
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

LOPEZ, ANABEL
330 E. 3RD STREET
UNIT 2
HIALEAH, FL 33010 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: ANABEL LOPEZ 05/17/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOPEZ, ANABEL
Address: 330 E. 3RD ST., STE. 2
City-St-Zip: HIALEAH, FL 33010

Title: D (X) Delete
Name: LOPEZ, XIOMARA B.
Address: 330 E. 3RD ST., STE. 2
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOPEZ, ANABEL
Address: 330 E. 3RD STREET, UNIT 2
City-St-Zip: HIALEAH, FL 33010

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANABEL LOPEZ PD 05/17/2006
Electronic Signature of Signing Officer or Director Date