

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111854

FILED  
May 19, 2006  
Secretary of State

Entity Name: BEST QUALITY MEDICAL EQUIPMENT, INC

## Current Principal Place of Business:

1393 SW FIRST STREET, STE. 409  
MIAMI, FL 33135

## New Principal Place of Business:

1393 S. W. 1ST STREET  
SUITE 409  
MIAMI, FL 33135

## Current Mailing Address:

1393 SW FIRST STREET, STE. 409  
MIAMI, FL 33135

## New Mailing Address:

1393 S.W. 1ST STREET  
SUITE 409  
MIAMI, FL 33135

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALVAREZ, ANABEL  
1393 SW FIRST STREET, STE. 409  
MIAMI, FL 33135 US

## Name and Address of New Registered Agent:

GONZALEZ, JULIAN R  
1393 S. W. 1ST STREET  
SUITE 409  
MIAMI, FL 33135 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: JULIAN R. GONZALEZ

05/19/2006

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: P ( ) Delete  
Name: ALVAREZ, ANABEL  
Address: 1393 SW FIRST STREET, STE. 409  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change ( ) Addition  
Name: GONZALEZ, JULIAN R  
Address: 1393 S. W. 1ST STREET, SUITE 409  
City-St-Zip: MIAMI, FL 33135

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: JULIAN R. GONZALEZ

P, S

05/19/2006

Electronic Signature of Signing Officer or Director

Date