2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 09, 2006
Secretary of State

DOCUMENT# P05000126852

Entity Name: OPTIMAL MEDICAL EQUIPMENT, INC

Current Principal Place of Business:

1700 S.W. 57TH AVE.
SUITE 221
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

1700 S.W. 57TH AVE.
SUITE 221
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-3478911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, LOURDES M.
10791 SW 47 TERRACE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

LOACES, MANOLO
6760 S.W. 16TH STREET
MIAMI, FL 33155 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: MANOLO LOACES 06/09/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RODRIGUEZ, LOURDES M.
Address: 10791 SW 47 TERRACE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change ( ) Addition
Name: LOACES, MANOLO
Address: 6760 S.W. 16TH STREET
City-St-Zip: MIAMI, FL 33155

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: MANOLO LOACES P, S 06/09/2006
Electronic Signature of Signing Officer or Director Date