

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133303

**FILED**  
**Jan 18, 2006**  
**Secretary of State**

**Entity Name:** ANABEL MEDICAL EQUIPMENTS INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1840 WEST 49TH STREET  
SUITE 220-09  
HIALEAH, FL 33012 US

**Current Mailing Address:**

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

**New Mailing Address:**

1840 WEST 49TH STREET  
SUITE 220-09  
HIALEAH, FL 33012 US

**FEI Number:** 20-3554410

**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., #2  
HIALEAH, FL 33010 US

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

GELABERT, VANESSA C  
1840 WEST 49TH STREET  
SUITE 220-09  
HIALEAH, FL 33012 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:** VANESSA C GELABERT

01/18/2006

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

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

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

**Title:** PD (X) Change ( ) Addition  
**Name:** GELABERT, VANESSA C  
**Address:** 1840 WEST 49TH STREET - SUITE 220-09  
**City-St-Zip:** HIALEAH, FL 33012 US

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:** VANESSA C GELABERT

PD

01/18/2006

Electronic Signature of Signing Officer or Director

Date