# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# P05000142254

**Entity Name:** KAMIKAZI MEDICAL EQUIPMENT INC.

**Current Principal Place of Business:**

8340 SW 184ST
MIAMI, FL 33157

**New Principal Place of Business:**

2500 NW 79 AVE STE 255
MIAMI, FL 33122

**Current Mailing Address:**

8340 SW 184 ST
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number: 03-0572922** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GUINOVART, JORGE
8340 SW 184 ST
MIAMI, FL 33157 US

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

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: ______________________________
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: GUINOVART, JORGE E
Address: 8340 SW 184 ST
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete
Name: MARTINEZ, EDUARDO M
Address: 16242 SW 52 TERR
City-St-Zip: MIAMI, FL 33185

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

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

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: JORGE GUINOVART PR 02/14/2007
Electronic Signature of Signing Officer or Director Date