


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90370 016 ***158.75

DOCUMENT # P93000027939
1. Entity Name
MIAMI RENTAL DURABLE MEDICAL EQUIPMENT, INC.



Principal Place of Business
**10550 NW 77 CT
SUITE #308
HIALEAH, FL 33016-2072 US**

Mailing Address
**10550 NW 77 CT
SUITE #308
HIALEAH, FL 33016-2072 US**

44042285



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number
65-0405616

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**QUINONES, MARIA E
205 S.W. 133 CT.
MIAMI, FL 33184**

7. Name and Address of New Registered Agent
Name **AGUSTIN GARCIA**
Street Address (P.O. Box Number is Not Acceptable)
2209-2 WEST 69 ST.
City **HIALEAH** FL Zip Code **33016**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **4/27/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	QUINONES, MARIA E
STREET ADDRESS	205 S.W. 133 CT.
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	D <input type="checkbox"/> Delete
NAME	GARCIA, AGUSTIN
STREET ADDRESS	2209-2 W. 69TH ST.
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	D <input type="checkbox"/> Delete
NAME	RODRIGUEZ, AILET
STREET ADDRESS	2209-2 W. 69TH ST.
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/27/04** DAYTIME PHONE #: **(305) 822-7704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR