2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000027939

FILED Apr 24, 2006 Secretary of State

Entity Name: MIAMI RENTAL DURABLE MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:		New Principal Place of Business:		
0550 NW SUITE #30 HALEAH,		? US		
Current Mailing Address:		New Mailing Address:		
0550 NW SUITE #30 HALEAH,		? US		
El Number	: 65-0405616	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of C	urrent Registered Agent:	Name and Address o	of New Registered Agent:
,	AGUSTIN EST 69 STREE FL 33016 L	T JS		
,				
he above			ourpose of changing its registered	d office or registered agent, or both,
he above	named entity s e of Florida.		ourpose of changing its registered	d office or registered agent, or both,
he above the State	named entity se of Florida.			d office or registered agent, or both, Date
The above the State	named entity se of Florida. RE: Electron	submits this statement for the p		
he above the State GNATUI	named entity se of Florida. RE: Electron	submits this statement for the particle in the particle is signature of Registered Agrammeters (and contribution (and co	ent	
he above the State GNATUI	e named entity see of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Agr Trust Fund Contribution (). TORS: Delete RIA E ET.	ent	Date
The above to the State of the S	e named entity see of Florida. RE: Electron mpaign Financing S AND DIREC D () QUINONES, MA 205 S.W. 133 C MIAMI, FL 3318	ic Signature of Registered Agr Trust Fund Contribution (). TORS: Delete RIA E ET. B4 Delete TIN H ST.	ent ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: AGUSTIN GARCIA D 04/24/2006