

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000027939

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: MIAMI RENTAL DURABLE MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

8364 NW 74 AVE.  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

8364 NW 74 AVE.  
MIAMI, FL 33166 US

**New Mailing Address:**

FEI Number: 65-0405616      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GARCIA, AGUSTIN  
2209-2 WEST 69 STREET  
HIALEAH, FL 33016 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GARCIA, AGUSTIN  
Address: 2209-2 W. 69TH ST.  
City-St-Zip: HIALEAH, FL 33016

Title: PD ( ) Delete  
Name: GARCIA, AILET  
Address: 2209-2 W. 69TH ST.  
City-St-Zip: HIALEAH, FL 33016

**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 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

PRES

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date