

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000056332

FILED  
Apr 03, 2007  
Secretary of State

Entity Name: TOWER MEDICAL EQUIPMENT, INC.

## Current Principal Place of Business:

282 SHORT AVE.  
#108  
LONGWOOD, FL 32750

## New Principal Place of Business:

## Current Mailing Address:

282 SHORT AVE.  
#108  
LONGWOOD, FL 32750

## New Mailing Address:

FEI Number: 59-3195708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE ARMAS, PEDRO  
503 SAN MARIE AVE  
ALTAMONTE SPGS, FL 32714 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: D ( ) Delete  
Name: DE ARMAS, PEDRO  
Address: 503 SAN MARE AVE  
City-St-Zip: ALTAMONTE SPGS, FL 32714

Title: D ( ) Delete  
Name: DE ARMAS, DINORAH  
Address: 503 SAN MARIE AVE  
City-St-Zip: ALTAMONTE, FL 32714

## 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: PEDRO J DE ARMAS

PR

04/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date