


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P93000065862 |  |
| 1. Entity Name SUNSET MEDICAL EQUIPMENT, INC. | |

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| Principal Place of Business 7601 W. FLAGLER ST. 209 MIAMI, FL 33144 US | Mailing Address 256 NW 42 AVE. MIAMI, FL 33126 US |
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0438522 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GONZALEZ, MIRTA V 9440 FONTAINBLEAU BLVD., APT. 203 MIAMI, FL 33172 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000055373 02/17/04-80036-004 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GONZALEZ, MIRTA V 9440 FONTAINBLEAU BLVD., APT. 203 MIAMI, FL 33172 |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date _____ | Daytime Phone # _____ |
|--|--|------------|-----------------------|