
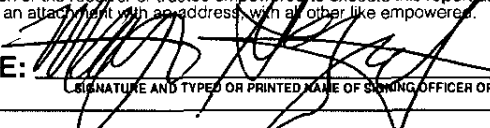


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90010 015 \*\*\*150.00

<b>DOCUMENT # P94000058024</b> 1. Entity Name <b>FAST MEDICAL EQUIPMENT, INC.</b>					
Principal Place of Business <b>7105 SW 8 STREET SUITE 405 MIAMI, FL 33144</b>			Mailing Address <b>7105 SW 8 STREET SUITE 405 MIAMI, FL 33144</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>561 SW 73 AVE</b>  Suite, Apt. #, etc.			
City & State  Zip		City & State <b>MIAMI, FLORIDA</b>  Zip <b>33144</b>		Country <b>U.S.</b>	
4. FEI Number <b>65-0502276</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, MAYRA J 7105 SW 8 STREET SUITE 405 MIAMI, FL 33144</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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  <b>MAYRA GONZALEZ</b> <b>5/12/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD GONZALEZ, MAYRA 561 S.W. 73RD AVE. MIAMI, FL 33144</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>MAYRA GONZALEZ</b> <b>5/12/04</b> <b>(305) 265-8606</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT  
24075887

**FAST MEDICAL EQUIPMENT INC**  
**561 SW 73 Ave**  
**Miami, Florida 33144**

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May 12, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: 2004 Uniform Business Report**  
**Document # - p94000058024**

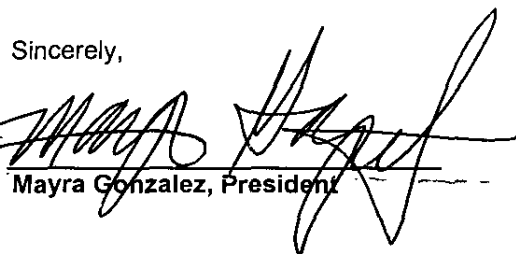
To whom it may concern,

I am enclosing a check for \$150 to pay the 2004 Uniform Business Report. Our company never received the original UBR. We have been in business since 1994 and have never been late in filing this report. Please accept my check and re-instate my corporation.

I am a small business owner and during these tough economic times would appreciate your acceptance.

Your help is greatly appreciated.

Sincerely,

  
Mayra Gonzalez, President