

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**

**Jan 31, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P94000061050**

**1. Entity Name**

**QUERUVE MEDICAL EQUIPMENT, INC.**



**Principal Place of Business**

**2140 W FLAGLER ST.  
SUITE 105  
MIAMI FL 33135**

**Mailing Address**

**2140 W FLAGLER ST.  
SUITE 105  
MIAMI FL 33135**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**1st MOORE**

**CR2E034 (10/04)**

**4. FEI Number**

**65-0514625**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RODRIGUEZ, EMILIO  
2140 W FLAGLER ST.  
SUITE 105  
MIAMI FL 33135**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**

**Trust Fund Contribution.**

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DPS** ☐ Delete  
**NAME** **RODRIGUEZ, EMILIO**  
**STREET ADDRESS** **719 N.W. 1ST ST., #13**  
**CITY - ST - ZIP** **MIAMI FL 33128**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**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 #**

**01-30-05**