

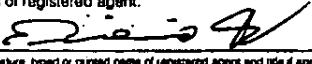



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 8:00 am
Secretary of State

01-12-2006 90166 009 ***158.75

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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RODRIGUEZ, EMILIO 2140 W FLAGLER ST. SUITE 105 MIAMI, FL 33135		4. FEI Number 65-0514625 Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		01042006 No Chg-P CR2E034 (11/05)
		
		DO NOT WRITE IN THIS SPACE
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 		DATE 01-05-06
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPS RODRIGUEZ, EMILIO 719 N.W. 1ST ST., #13 MIAMI, FL 33128	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DATE 01-05-06 DAYTIME PHONE # 305-644-1244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #

ATTACHMENT



66 001409

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2006

QUERUVE MEDICAL EQUIPMENT, INC.
2140 W FLAGLER ST.
SUITE 105
MIAMI, FL 33135

Subject: **QUERUVE MEDICAL EQUIPMENT, INC.**

Reference Number: **P94000061050**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/jd

ANNUAL REPORTS SECTION