

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000064737

Entity Name: ARIES MEDICAL EQUIPMENT SERVICES, INC

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

1451 SW 1 ST  
4  
MIAMI, FL 33135

**New Principal Place of Business:****Current Mailing Address:**

1451 SW 1ST  
4  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 65-0513114      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEEGERS, CARMEN L  
2651 NW 13TH  
37  
MIAMI, FL 33135 US

**Name and Address of New Registered Agent:**

STEEGERS, CARMEN L  
5555 COLLINS AVE  
17G  
MIAMI, BEACH, FL 33140 US

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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STEEGERS, CARMEN L  
Address: 2651 NW 13TH APT 37  
City-St-Zip: MIAMI, FL 33135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: STEEGERS, CARMEN L  
Address: 5555 COLLINS AVE 17G  
City-St-Zip: MIAMI, BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify 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: CARMEN LUIS STEEGERS

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date