

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000071349

Entity Name: GALAXY MEDICAL EQUIPMENT, INC.

FILED  
Apr 14, 2005  
Secretary of State

## Current Principal Place of Business:

7105 SW 8TH ST  
#210  
MIAMI, FL 33144

## New Principal Place of Business:

## Current Mailing Address:

7105 SW 8TH ST  
#210  
MIAMI, FL 33144

## New Mailing Address:

FEI Number: 65-0534962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEON, ARSENIO  
9221 SW 80TH TERR  
MIAMI, FL 33173 US

## Name and Address of New Registered Agent:

IGLESIAS, MANUEL E ESQ  
121 ALHAMBRA PLAZA  
10 FLOOR  
CORAL GABLES, FL 33134 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: MANUEL E IGLESIAS

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LEON, ARSENIO  
Address: 9221 SW 80TH TERRA  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: DIAZ, ADELFO  
Address: 7105 SW 8 STREET; STE210  
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ADELFO DIAZ

PSD

04/14/2005

Electronic Signature of Signing Officer or Director

Date