2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004
Secretary of State

DOCUMENT# P94000083235

Entity Name: R. Q. MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

3899 NW 7TH STREET #203
MIAMI, FL 33126

New Principal Place of Business:

5727 NORTHWEST 7 STREET
MIAMI, FL 33126 US

Current Mailing Address:

3899 NW 7TH STREET #203
MIAMI, FL 33126

New Mailing Address:

5727 NORTHWEST 7 STREET
MIAMI, FL 33126 US

FEI Number: 65-0540498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, RAFAEL
3899 NW 7TH STREET #203
MIAMI, FL 33126

Name and Address of New Registered Agent:

APONTE, SILVIA
5727 NORTHWEST 7 STREET
MIAMI, FL 33126 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: SILVIA APONTE 09/20/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: GONZALEZ, RAFAEL
Address: 3899 NW 7TH STREET #203
City-St-Zip: MIAMI, FL 33126

Title: D (X) Delete
Name: GONZALEZ, RAFAEL
Address: 3899 NW 7TH STREET #203
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: APONTE, SILVIA
Address: 5727 NORTHWEST 7 STREET
City-St-Zip: MIAMI, FL 33126 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SILVIA APONTE PSTD 09/20/2004
Electronic Signature of Signing Officer or Director Date