2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# P95000016178

Entity Name: J & A MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

11398 WEST FLAGLER ST.
#205
MIAMI, FL 33182

New Principal Place of Business:

11398 WEST FLAGLER ST
#205
MIAMI, FL 33174

Current Mailing Address:

11398 WEST FLAGLER ST.
#205
MIAMI, FL 33182

New Mailing Address:

11398 WEST FLAGLER ST
#205
MIAMI, FL 33174

FEI Number: 65-0560144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, AIDA
953 N.W. 123 COURT
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

LOPEZ, AIDA
953 NW 123 COURT
MIAMI, FL 33182 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: 01/26/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOPEZ, AIDA
Address: 953 N.W. 123 COURT
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOPEZ, AIDA
Address: 953 NW 123 COURT
City-St-Zip: MIAMI, FL 33182

I hereby certify that the information supplied with this filing does not qualify for the 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: AIDA LOPEZ P 01/26/2006
Electronic Signature of Signing Officer or Director — Date