
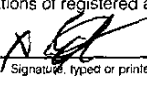



# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000048813					
1. Entity Name <b>LASER MEDICAL EQUIPMENT, INC.</b>					
Principal Place of Business <b>8276 NW SOUTH RIVER DR MEDLEY, FL 33166 US</b>			Mailing Address <b>8276 NW SOUTH RIVER DR MEDLEY, FL 33166 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ESPARZA, ANA R</b> <b>8276 NW SOUTH RIVER DRIVE</b> <b>MEDLEY, FL 33166</b>				Name <b>Eliecer Rivero-Hernandez</b> Street Address (P.O. Box Number is Not Acceptable) <b>8276 N.W. South River Drive</b> City <b>Medley</b> <b>FL</b> Zip Code <b>33166</b>	
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:  <b>Eliecer Rivero-Hernandez</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		DATE	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ESPARZA, ANA</b> <b>8276 NW SOUTH RIVER DRIVE</b> <b>MEDLEY, FL 33166</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PSD</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Eliecer Rivero-Hernandez</b> <b>8276 N.W. South River Drive</b> <b>Medley, Florida 33166</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CASTILLO, ALEJANDRO</b> <b>8276 NW SOUTH RIVER DRIVE</b> <b>MEDLEY, FL 33166</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200042364592</b> <b>11/01/04--01078--001</b> <b>**61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			<b>Eliecer Rivero-Hernandez</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10192004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0590898** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required