

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000051533

FILED
Jan 09, 2007
Secretary of State

Entity Name: FLORIDA PROFESSIONAL DME, CO.

Current Principal Place of Business:

145 MADEIRA AVE
SUITE 134
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

1121 CRANDON BLVD
APT F-604
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 65-0591864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GACHASSIN-LAFITE, JORGE C
1121 CRANDON BLVD. #F604
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GACHASSIN LAFITE, JORGE C
Address: 1121 CRANDON BLVD. #F-604
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JORGE C. GACHASSIN LAFITE

PRES

01/09/2007

Electronic Signature of Signing Officer or Director

_____ Date