2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

1. Entity Nan	MENT # P95000060 PEARS MEDICAL EQUIPI		A SALES	04-25-200) 05 90320 048 ***1 <i>5</i>	8.75	
Principal Plac	ce of Business	Mailing Address			·	****	
		1465 W. FLAGLER ST					
MIAMI, FL 3	i3135	MIAMI, FL 33135			lijir dans bers kins japa kina neb		
O Origania	Place of Business	3. Mailing Address	***************************************				
z. Principai F	race or Business	3. Maning Address		1 18911001 100 100 10 10 10 10 10 10 10 10 10	EBIO 61116 11111 LIII 1516 11111 HE		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		04202005 Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number 65-0603792		plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	itional	
	6. Name and Address of Current	Registered Agent		7 Name and Address of Name	Fee Required	1	
6. Name and Address of Current registered Agent			Name	7. Name and Address of New Registered Agent			
FONSECA, LOURDES 1465 SW FLAGLER ST			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL				······································	*****		
		mary and a series	City		Zip Code		
9 The shows	named entity submits this statement for	the purpose of charging its		and and a bat is the Otto of	r L		
the obligat	tions of registered agent.	it the pulpose of changing its	: '	ered agent, or both, in the State of	rionda. Tam tamiliar with, a	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requir	red when reinstating)	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai	· · · · · · · · · · · · · · · · · · ·	5.00 May Be ided to Fees	_		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO O	FEICERS AND DIRECTORS	IN 11	
TITLE	Р	☐ Delete	TITLE		Change	Addition	
NAME	FONSECA, LOURDES		NAME		3		
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12. Thereby 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

YURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

LOUNDES FORSECA 4-22-05

Date 2 6 7 7 6