

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000097341

FILED  
Mar 16, 2005  
Secretary of State

Entity Name: OPTIMA MEDICAL EQUIPMENT, CORP.

## Current Principal Place of Business:

8388 NW 68 STREET  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

3550 N.W. 113 COURT  
MIAMI, FL 33178

## New Mailing Address:

FEI Number: 65-0633003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOZADO, DIANA V  
3550 N.W. 113 COURT  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

VILLA, MARIA V  
3550 N.W. 113 COURT  
MIAMI, FL 33178 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: MARIA V. VILLA

03/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LOZADA, DIANA V  
Address: 3550 N.W. 113 COURT  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: GUTIERREZ, GAMAL  
Address: 3550 N.W. 113 COURT  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: GOZUK, MIGUEL  
Address: 3550 N.W. 113 COURT  
City-St-Zip: MIAMI, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: VILLA, MARIA V  
Address: 3550 N.W. 113 COURT  
City-St-Zip: MIAMI, FL 33178

Title: D (X) Change ( ) Addition  
Name: VILLA, MARIA V  
Address: 3550 N.W. 113 COURT  
City-St-Zip: MIAMI, FL 33178

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: MARIA V. VILLA

P

03/16/2005

Electronic Signature of Signing Officer or Director

Date