


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90233 035 \*\*\*150.00

**DOCUMENT # P96000046422**

1. Entity Name  
**A PLUS MEDICAL EQUIPMENT, INC.**



Principal Place of Business 7105 S.W. 8TH ST. SUITE 205 MIAMI, F; 33144	Mailing Address 7105 S.W. 8TH ST. SUITE 205 MIAMI, F; 33144
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**DO NOT WRITE IN THIS SPACE**

40002090



04302006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0668257	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA FE, LOURDES M  
 7105 S.W. 8TH ST.  
 SUITE 205  
 MIAMI, FL 33144

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LA FE, LOURDES M 7105 S.W. 8TH ST. SUITE 205 MIAMI, FL 33144
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Loures M de la Fe* **4/28/06** (305) 265-0190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #