

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90278 006 ***150.00

DOCUMENT # P97000033019

1. Entity Name

MEGA MEDICAL EQUIPMENT, INC.



Principal Place of Business
13936 S.W. 155TH ST.
MIAMI FL 33177
US

Mailing Address
13936 S.W. 155TH ST.
MIAMI FL 33177
US



2. Principal Place of Business
8121 NW 60 ST

3. Mailing Address
8121 NW 60 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-0744497

Applied For
Not Applicable

Zip
33166

Country
U.S.A.

Zip
33166

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOBAR, HORACIO
16304 SW 47 ST
MIAMI FL 33196

Name
Horacio Tobar

Street Address (P.O. Box Number is Not Acceptable)

13936 SW 155 ST

City
Miami

FL

Zip Code
33177

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TOBAR, HORACIO
16304 SW 97 ST
MIAMI FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Horacio Tobar

Date

Daytime Phone #

4/11/05 (305) 500 9620