2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

·	ANNUAL F	REPOF	RT (AR)		Feb 13, 2006 08:00 AM
DOCU 1. Entity Nam	MENT # P970000330	19			Secretary of State
MEGA MI	EDICAL EQUIPMENT, INC.				·
Principal Plac	e of Business	Mailing A	ddress	i	1
8121 NW 60 ST 8121 N		V 60 ST L 33166			
2. Principal Place of Gusiness 3. Mailin		Address		t 1985/1986 fife felit faan muit mott matte anne iiide inti Said (omin geniene it nen)	
Suite, Apt. II, etc.		Suite, /	pt. #, etc.	(1st MOORE CR2E034 (10/05)
City & Stat	е	City & S	State	S	4. FEI Number 65-0744497 Applied For Not Applied E
Zip	Country	Zıp		Country	5. Certificate of Status Desired
	6. Name and Address of Currer	t Registered A	gent		7. Name and Address of New Registered Agent
TOBAR, HORACIO 13936 SW 155 ST MIAMI FL 33177				emay (
				Street Address (P.O. Box Number is Not Acceptable)
				City	FL Zip Code
	named entity submits this statement tions of registered agent.	for the purpose	of changing its r	egistered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature typed or primed name of registered agm	ry and litto d coulcul	INOTE	: Registered Agent signature required	d when (emistating) OATE
		manager association	1	Siegistalea Adora e Grande leadaide	a misc contracting)
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department				9. Election Campaign Financing \$5.00 May E- Trust Fund Contribution. Added to Fees
16.		D DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	-	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOBAR, HORACIO		[NAME	
STREET ADDRESS CITY-ST-ZIP	16304 SW 97 ST MIAMI FL 33196			STREET ADDRESS CITY-ST-ZIP	<i>U00</i> 000430874
THILE	MAMILESSISS		☐ Deleta	ווזענ	02/23/06 00005 013 150,00 DAME
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CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby	certily that the information supplied v	vith this filing d	oes not qualify fo	r lijé exemplions containe	ed in Section 119, Florida Statutes. I further certify that the information
indicated of the co	i on this report or supplemental report reporation or the receiver or trustee er	is true and acc ripowered to ex	curate and that m recute this report	y signature shall have the as required by Chapter 60	ed in Section 119, Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director 07, Florida Statules; and that my name appears in Block 10 or Block 11
if change	ed, or on an attachment with an address	ess, with alt oth	er like empawere	ed :	
OLONIAS	W)		1		2/10/01 /305/500 9620

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