

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104897

Entity Name: MEDICAL ELECTRONICS, INC.

FILED
Feb 22, 2008
Secretary of State

Current Principal Place of Business:

10862 NW 27 ST
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

10862 NW 27 ST
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-0964694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARROSO, HUBERT
421 N.W. 136TH AVE
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARROSO, HUBERT
Address: 421 N.W. 136TH AVE
City-St-Zip: MIAMI, FL 33182

Title: VP () Delete
Name: RIVAS, ROSIE
Address: 8901 BYRON AVE.
City-St-Zip: SURFSIDE, FL 33154

Title: T () Delete
Name: ALFONSO, MIRTA J
Address: 421 N.W. 136TH AVE
City-St-Zip: MIAMI, FL 33182

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: RIVAS, ROSIE
Address: 8901 BYRON AVE.
City-St-Zip: SURFSIDE, FL 33154

Title: VP (X) Change () Addition
Name: BARROSO, MIRTA J
Address: 421 N.W. 136TH AVE
City-St-Zip: MIAMI, FL 33182

Title: D () Change (X) Addition
Name: BARROSO, HUBERT
Address: 421 NW 136TH AVE
City-St-Zip: MIAMI, FL 33182

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HUBERT BARROSO

P

02/22/2008

Electronic Signature of Signing Officer or Director

_____ Date