
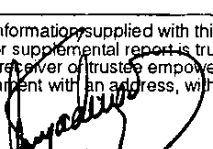


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90111 020 ***150.00

DOCUMENT # S14783 1. Entity Name MED-SIGNS MEDICAL EQUIPMENT CORPORATION					
Principal Place of Business 8260 NW 27TH ST SUITE 406 MIAMI FL 33122 US			Mailing Address 8260 NW 27TH ST SUITE 406 MIAMI FL 33122 US		
2. Principal Place of Business 7766 NW 46th St			3. Mailing Address 7766 NW 46th St		
Suite, Apt. #, etc. 2nd floor			Suite, Apt. #, etc. 2nd floor		
City & State Doral FL			City & State Doral FL		
Zip 33166		Country USA		Zip 33166	
Country USA		4. FEI Number 65-0237667			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent UGARTE, REINALDO 8260 NW 27TH ST SUITE 406 MIAMI FL 33122				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UGARTE, REINALDO 8260 NW 27TH ST STE 406 MIAMI FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIDENGOLD, MOISES 8260 NW27ST STE. 406 MIAMI FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			MOISES FAIDENGOLD		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 04/27/05 Daytime Phone # 305 8881818		