


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90049 004 ***150.00

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| DOCUMENT # S14783 |  |
| 1. Entity Name MED-SIGNS MEDICAL EQUIPMENT CORPORATION | |

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|--|--|
| Principal Place of Business 7766 NW 46TH ST 2ND FLOOR MIAMI, FL 33166 US | Mailing Address 7766 NW 46TH ST 2ND FLOOR MIAMI, FL 33166 US |
|--|--|

40068023



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01092008 Chg-P CR2E034 (12/06)

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|---|--|
| 4. FEI Number 65-0237667 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|--|---|--|
| 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 UGARTE, REINALDO Street Address (P.O. Box Number is Not Acceptable) 7766 NW 46 STREET City MIAMI FL Zip Code 33166 | |
|--|--|---|--|

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 _____

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| FILE NOW!!!-FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 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 | D UGARTE, REINALDO 7766 NW 46 STREET MIAMI, FL 33166 <input checked="" 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 | D FAIDENGOLD, MOISES 7766 NW 46 STREET MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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:  **04/09/08** **305-286-1818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #