2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# V26993

Entity Name: MEDICAL RESPIRATORY RENTALS INC.

Current Principal Place of Business:

1928 NW 79 AVENUE
MIAMI, FL 33126

New Principal Place of Business:

1928 NW 79 AVENUE
MIAMI, FL 33126 US

Current Mailing Address:

1928 NW 79 AVENUE
MIAMI, FL 33126

New Mailing Address:

C/O IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DRIVE, SUITE 507
MIAMI, FL 33131 US

FEI Number: 65-0330214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PERMUY, WALTER
1928 NW 79 AVENUE
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

IAG CORPORATE SERVICES, INC.
6601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FL 33131 US

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: IVAN A. GOMEZ 04/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PERMUY, WALTER
Address: 1928 NW 79 AVENUE
City-St-Zip: MIAMI, FL 33174

Title: D ( ) Delete
Name: PERMUY, GUILLERMO S
Address: 1928 NW 79 AVENUE
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PERMUY, WALTER
Address: 1928 NW 79 AVENUE
City-St-Zip: MIAMI, FL 33174 US

Title: VPTD (X) Change ( ) Addition
Name: PERMUY, GUILLERMO
Address: 1928 NW 79 AVENUE
City-St-Zip: MIAMI, FL 33174 US

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: WALTER PERMUY P 04/17/2009
Electronic Signature of Signing Officer or Director Date