


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90029 029 ***150.00


| | |
|--|---|
| DOCUMENT # M99839 |  |
| 1. Entity Name JAIRO'S MEDICAL EQUIPMENT, INC. | |

| | |
|--|--|
| Principal Place of Business 5450 S.W. 8TH STREET SUITE #101 CORAL GABLES, FL 33134 | Mailing Address 5450 S.W. 8TH STREET SUITE #101 CORAL GABLES, FL 33134 |
|--|--|

| | |
|---|-----------------------------------|
| 2. Principal Place of Business 3656 CORAL WAY | 3. Mailing Address SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|------------------------------|-----------------------|
| City & State Miami | City & State |
| Zip FL 33145 | Country USA |

50004746



03132006 Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0072142 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| FERNANDEZ, EMILSA 5450 S.W. 8TH STREET SUITE 101 CORAL GABLES, FL 33134 | Name |
| <i>moved</i> | Street Address (P.O. Box Number is Not Acceptable) |
| | 3656 CORAL WAY |
| | City Miami State FL Zip Code 33145 |

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]* DATE: **3/14/06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FERNANDEZ, EMILSA 5450 SW 8TH STREET, #101 CORAL GABLES, FL 33134 | 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 |
| 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 supplement 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: *[Signature]* DATE: **03/14/06** DAYTIME PHONE #: **(305) 529-9976**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR