


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90004 004 \*\*\*150.00

<b>DOCUMENT # P00000105261</b>		
1. Entity Name <b>M.M.A. MEDICAL SUPPLIES, INC.</b>		

Principal Place of Business <b>2412 SW 137 AVE MIAMI, FL 33175</b>	Mailing Address <b>2412 SW 137 AVE MIAMI, FL 33175</b>
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**2004/003**

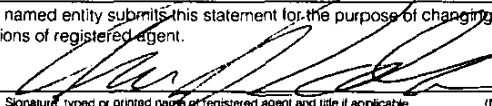


2. Principal Place of Business <b>2450 SW 137 AVE</b>	3. Mailing Address <b>2450 SW 137 AVE</b>
Suite, Apt., #, etc. <b>212</b>	Suite, Apt., #, etc. <b>212</b>
City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33175</b>	Country <b>US</b>

06202006 Chg-P CR2E034 (11/05)

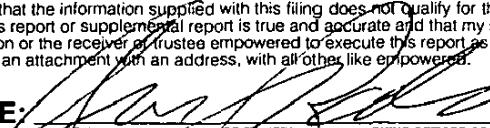
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, AMARILYS 2412 SW 137 AVE MIAMI, FL 33175</b>	
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7. Name and Address of New Registered Agent	
Name <b>RODRIGUEZ, AMARILYS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2450 SW 137 AVE, # 212</b>	
City <b>MIAMI</b>	FL Zip Code <b>33175</b>

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 	DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD RODRIGUEZ, AMARILYS 2412 SW 137 AVE MIAMI, FL 33175</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD RODRIGUEZ, AMARILYS 2450 SW 137 AVE #212 MIAMI, FL 33175</b> <input checked="" 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 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 	Date _____ Daytime Phone # _____