

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2005 08:00 AM

Secretary of State

DOCUMENT # P01000026256

1. Entity Name
UBAR MEDICAL SUPPLY CORP.



Principal Place of Business
 10711 S.W. 216 STREET
 SUITE 110
 MIAMI, FL 33170

Mailing Address
 10711 S.W. 216 STREET
 SUITE 110
 MIAMI, FL 33170

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1082991

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALFONSO, ARELYS
 10711 S.W. 216 STREET
 SUITE 110 1
 MIAMI, FL 33170

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100100194839
 01/26/05-80005-008 158.75

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------------|
| TITLE | PVST |
| NAME | ALFONSO, ARELYS |
| STREET ADDRESS | 10711 S.W. 216 STREET, SUITE 110 |
| CITY-ST-ZIP | MIAMI, FL 33170 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Arelys Alfonso *Arelys Alfonso* 1/6/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____