

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000073229

1. Entity Name
MAYPOR MEDICAL SUPPLIES INC.



**FILED
Jul 28, 2005 08:00 AM
Secretary of State**

Principal Place of Business
7321-B W. FLAGLER ST.
MIAMI, FL 33144 US

Mailing Address
7321-B W. FLAGLER ST.
MIAMI, FL 33144 US



DO NOT WRITE IN THIS SPACE

07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1124600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FAJARDO, MAYRA L
14486 S.W. 27TH STREET
MIAMI, FL 33175

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

UD00000374746
07/28/05-80001-011 550.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FAJARDO, MAYRA L
STREET ADDRESS 14486 S.W. 27TH STREET
CITY-ST-ZIP MIAMI, FL 33175

TITLE VD
NAME PORTAL, JORGE P
STREET ADDRESS 14486 S.W. 27TH STREET
CITY-ST-ZIP MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/05

Date

Daytime Phone #