


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90018 040 ***150.00

DOCUMENT # P01000079079

1. Entity Name
MOSES MEDICAL CORP.




Principal Place of Business Mailing Address
9801 S.W. 3RD CT. **9801 S.W. 3RD CT.**
FT. LAUDERDALE, FL 33324 **FT. LAUDERDALE, FL 33324**

40108411

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4320 W. BROWARD BLVD. **4320 W. BROWARD BLVD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE # 5 **SUITE # 5**

City & State City & State
PLANTATION, FL **PLANTATION, FL**

Zip Country Zip Country
33317-3756 **USA** **33317-3756** **USA**



04182007 Chg-P CR2E034 (12/06)

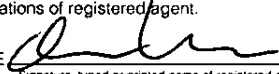
4. FEI Number Applied For
65-1141351 Not Applicable

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

6. Name and Address of Current Registered Agent
MOSES, OSCAR A SR.
9801 S.W. 3RD CT.
FT. LAUDERDALE, FL

7. Name and Address of New Registered Agent
 Name **MOSES, OSCAR A SR**
 Street Address (P.O. Box Number is Not Acceptable)
4320 W. BROWARD BLVD
SUITE # 5
 City **PLANTATION, FL** Zip Code
33317-3756

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  **OSCAR A. MOSES** DATE **4.23.07**

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, 2007 Fee will be \$550.00

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

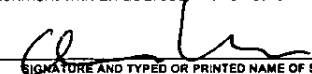
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	MOSES, OSCAR A SR.	9801 S.W. 3RD CT.	PLANTATION, FL 33324	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	MOSES, OSCAR A. SR	4320 W. BROWARD BLVD, SUITE #5,	PLANTATION, FL 33317-3756	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **4.23.07** Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #