

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90027 011 ***150.00

DOCUMENT # P03000145657	
1. Entity Name R&R MEDICAL SOLUTION INC.	

Principal Place of Business 27501 S DIXIE HWY SUITE 206 NARANJA, FL 33032	Mailing Address 27501 S DIXIE HWY SUITE 206 NARANJA, FL 33032
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DO NOT WRITE IN THIS SPACE



04092005 No Chg-P CR2E034 (10/03)

4. FFI Number 76-0747413	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIVERO, ROMELIA 1532 SW 72 ST APT 22 MIAMI, FL 33193
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**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 in the space below and signed and dated by the Registered Agent is required when filing this report.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005. 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-STATE-ZIP	P RIVERO, ROMELIA 15325 SW 72 ST APT 22 MIAMI, FL 33193
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IN THIS SPACE**

12. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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, and I am an officer or director of the corporation or the controller or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment, with an address, with all other law empowered.

SIGNATURE: Romelia Rivero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR