

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90088 007 \*\*\*150.00  
07-13-2005 90019 017 \*\*\*150.00

<b>DOCUMENT #</b> P04000123053
<b>1. Entity Name</b>
MED PRO MEDICAL SUPPLY INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2414 NW 27 AVE		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b>	
<b>Zip</b> 33142	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 20-1547349	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

14018884

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> RAUL RAMOS	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 267 E 10 ST	
	<b>City</b> HIALEAH	<b>Zip Code</b> 33010

**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** RAUL RAMOS **DATE** 6/29/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

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

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P RAMOS, RAUL 267 E 10 ST HIALEAH, FL 33010	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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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)(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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** RAUL RAMOS, PRESIDENT **DATE** 6/29/2005 **(786) 712-1255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**ATTACHMENT** 14018884  
**MED PRO MEDICAL SUPPLY INC**  
2414 NW 27<sup>TH</sup> AVENUE  
MIAMI, FL 33142

June 29, 2005

Florida Department of State  
P O Box 6327  
Tallahassee, Florida 32314

Subject: MED PRO MEDICAL SUPPLY INC

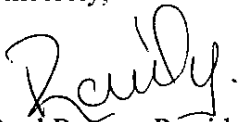
Ref: P04000123053

Enclosed please find the 2005 Annual Report.

We wish to request a waiver of the late fee, because we are not acquainted with the methodology and were not informed correctly about the steps to follow, and filed an amendment on April 27, 2005, instead of the UBR.

We thank you for your understanding.

Sincerely,

  
Raul Ramos, President