

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153664

FILED
Apr 26, 2005
Secretary of State

Entity Name: MAC TRAN MEDICAL TRANSPORT, INC.

Current Principal Place of Business:

10660 SW 21ST STREET
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

10660 SW 21ST STREET
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 03-0550351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCALLA, ROHAN
10660 SW 21ST STREET
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCALLA, BASIL
Address: 10660 SW 21ST STREET
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: MCCALLA, MONICA
Address: 10660 SW 21ST STREET
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: MCCALLA-WATSON, RENEE
Address: 1009 WEST PALM AVE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: MCCALLA, ROBERTO
Address: 2325 SW 82 WAY
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D () Delete
Name: MCCALLA, RYAN
Address: 10660 SW 21ST STREET
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROHAN MCCALLA

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date