
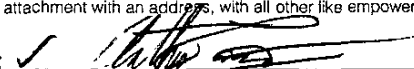


**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

DUU64497

<b>DOCUMENT # P05000054517</b>				03-08-2006 90181 020 ***150.00	
1. Entity Name <b>M.A.M. MEDICAL SUPPLY, INC.</b>					
Principal Place of Business <b>8742 SW 154TH CIRCLE PLACE MIAMI, FL 33139</b>		Mailing Address <b>8742 SW 154TH CIRCLE PLACE MIAMI, FL 33139</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number <b>20-2750544</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CARNERO, ANTHONY 8742 SW 154TH CIRCLE PLACE MIAMI, FL 33139</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PT CARNERO, ANTHONY 8742 SW 154TH CIRCLE PLACE MIAMI, FL 33139			Change Addition		
VS SANDOVAL, ALEJANDRA 8742 SW 154TH CIRCLE PLACE MIAMI, FL 33139			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>2/28/06</b> Daytime Phone # <b>(305) 498-684</b>					



## ATTACHMENT

60022307  
#705000054517

Malecon Center  
5956 W. 16 Avenue  
Hialeah, FL 33012

Phone: 305-823-7579  
Fax: 305-828-6585  
e-mail: jordan@jordancpa.net

Dear client:

Attached please find your **2006 Corporation Annual Report**. Please review all items, if no changes are warranted, sign and date on line 12 and mail together with your check for \$ 150 payable to **Florida Department of State**, in the envelope provided by **May 1, 2006**.

A penalty of \$ 400 will be assessed for reports filed *after May 1, 2006*.

Sincerely,

  
\_\_\_\_\_  
Jorge H. Jordan, C.P.A.