

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099450

Entity Name: MVA MEDICAL, CORP.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

6437 S.W. 158 PASSAGE
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

6437 S.W. 158 PASSAGE
MIAMI, FL 33193

New Mailing Address:

FEI Number: 20-3152639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, OSVALDO J
7951 SW 40TH ST., SUITE 206
MIAMI, FL 33155 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: PSD () Delete
Name: SUAREZ, MARIO
Address: 6437 S.W. 158 PASSAGE
City-St-Zip: MIAMI, FL 33193

Title: VTD () Delete
Name: SUAREZ, AMPARO
Address: 6437 S.W. 158 PASSAGE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: MARIO SUAREZ

PSD

04/28/2006

Electronic Signature of Signing Officer or Director

Date