

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90145 015 \*\*\*150.00

**DOCUMENT # P05000153872**



1. Entity Name  
**JOSE MEDICAL SUPPLIES, INC.**

Principal Place of Business: 9781 NW 128 LN, HIALEAH GARDENS FL 33018  
 Mailing Address: 9781 NW 128 LN, HIALEAH GARDENS FL 33018



1st MOORE CR2E034 (10/05)

2. Principal Place of Business: 3900 NW 79 AVE  
 3. Mailing Address: 3900 NW 79 AVE

Suite, Apt. #, etc.: 480

City & State: DORAL FL

4. FEI Number: 20-3831056  
 Applied For: Not Applicable

Zip: 33166 Country: USA

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

FIGUEROA, JOSE R  
 9781 NW 128 LN  
 HIALEAH GARDENS FL 33018

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: **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 (X) *[Signature]* **Jose R. Figueroa** DATE: **03/27/06**

**FILE NOW!!! FEE IS \$150.00.**  
 After May 1, 2006 Fee Will Be \$650.00  
 Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	FIGUEROA, JOSE R	
STREET ADDRESS	9781 NW 128 LN	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: (X) *[Signature]* **Jose R. Figueroa** DATE: **03/27/06** DAYTIME PHONE #: **786-507-1418**