

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073751

FILED
Sep 02, 2008
Secretary of State

Entity Name: MEDICAL MESSAGE RESCUE INC.

Current Principal Place of Business:

420 15TH STREET #305
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

420 15TH STREET #305
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALTAZAR, RANDY
420 15TH STREET #305
MIAMI BEACH, FL 33139 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BALTAZAR, RANDY OFFICER
Address: 420 15TH STREET #305
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O () Change (X) Addition
Name: CHIRINOS, KENNETH J OFFICER
Address: 1165 NW 126 ST
City-St-Zip: NORTH MIAMI, FL 33168

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH CHIRINOS

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09/02/2008

Electronic Signature of Signing Officer or Director

_____ Date