

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000042157

FILED
Jan 08, 2007
Secretary of State

Entity Name: ROYAL CARE MEDICAL RENTAL, INC.

Current Principal Place of Business:

8282 NW 64 ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8282 NW 64 ST
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0669085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALONSO, ALVARO
8282 NW 64TH STREET
MIAMI, FL 33166 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: PVST () Delete
Name: ALONSO, ALVARO
Address: 8282 NW 64 ST
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: ALONSO, ALVARO
Address: 8282 NW 64 ST
City-St-Zip: MIAMI, FL 33166

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: ALVARO ALONSO

MR.

01/08/2007

Electronic Signature of Signing Officer or Director

Date