## 2006 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **ANNUAL REPORT** FILED Jan 12, 2006 08:00 AM DOCUMENT # P98000062228 1. Entity Name **Secretary of State** R & D MEDICAL TRANSPORT, INC. Principal Place of Business Mailing Address 5480 W 24 AVE 5480 W 24 AVE 214 214 HIALEAH, FL 33016 US HIALEAH, FL 33016 US No Chg-P CR2E034 (11/05) 01102006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0850250 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, RODOLFO DO NOT WRITE 5480 W 24 AVE 214 IN THIS SPACE HIALEAH, FL 33106 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE LOPEZ, RODOLFO NAME STREET ADDRESS 5480 W 24 AVE., #214 CITY -ST-ZIP HIALEAH, FL 33016 11000000383531 TITLE 01/13/06-8000\$-001 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE 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 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 reserver 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.