


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # V54917
 1. Entity Name
MASTERCARE MEDICAL SUPPLIES, INCORPORATED



Principal Place of Business Mailing Address
175 FONTAINEBLEAU BLVD. **175 FONTAINEBLEAU BLVD.**
SUITE 1-N-5 **SUITE 1-N-5**
MIAMI FL 33172 **MIAMI FL 33172**
US **US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0369696** Applied For Not Applicable

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

SOSA, ROSAURA A
175 FONTAINEBLEAU BLVD{
SUITE 1-N-5
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	SOSA, ROSAURA A.	
STREET ADDRESS	175 FONTAINEBLEAU BLVD., SUITE 1-N-5	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOSA, ROSAURA A	
STREET ADDRESS	175 FONTAINEBLEAU BLV., STE 1-N-5	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add...
NAME	
STREET ADDRESS	100000460756
CITY-ST-ZIP	03/20/06-80022-024 158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add...
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add...
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add...
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add...
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: *Rosa A. Sosa* **ROSaura A. SOSa** 8/6/06 (305) 224-1770