2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) DOCUMENT # V54917

1. Entity Name

MASTERCARE MEDICAL SUPPLIES, INCORPORATED



FILED Apr 09, 2007 08:00 All Secretary of State

Principal Place 175 FONTA SUITE 1-N- MIAMI FL 3 US	AINEBLEAU 5		Mailing Addross 175 FOUNTAINEBLEAU BLVD. SUITE 1-N-5 MIAMI FL 33172 US								
2. Principal P	Place of Busin	ess - No P,O Box #	3. Mailing Address								
Suite, Apt.	#, atc.		Suite, Apt. #, etc.			1:	1st MOORE CR2E034 (10/06)				
City & State			City & Stato			4. FEI Numb	1ber 65-0369696 Applied For Not Applicable				
Zip		Country	Zip	Cour	ntry	5. Certificate	o of Status Dosired	X	\$8.75 Fee Requ	Additional uired	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
SOSA, ROSAURA A 175 FONTAINEBLEAU BLVD{ SUITE 1-N-5 MIAMI FL 33172					Name Street Address (P.O. Box Number is Not Accoptable)						
MILA	IMII FL 33	172		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											
	Signature, typed	or printed name of registered ager	nt and title if applicable. (No	DTE Registere	id Agent signature re	equired when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							9. Election Cam Trust Fund C			5.00 May Be dded to Fees	
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10.	-	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO O	FFICERS AN	D DIRECTO	ORS IN 11	
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NAME	SOSA, ROS	SAURA A.		NAM	E İ		U00000	1697168			
STREET ADDRESS	175 FONT	AINEBLEAU BLVD., SI	JITE 1-N-5	STRE	ET ADDRESS		U00000697168 04/18/07-80029-016 158.75			8.75	
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CITY-ST-ZIP			_		ET ADDRESS - ST- <i>zip</i>						
12. I haraby certify that the information supplied with this filing does not gigalify for the											

2. 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 logal effect as if made under eath, that an efficer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

ROSPURA A. SOSA

4/4/0

(305) 229-177