2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# P97000034284

Entity Name: PRIVATE CARE CARD INC.

Current Principal Place of Business:

5822 SW 8TH ST.
MIAMI, FL 33144

New Principal Place of Business:

10 NW 42 AV
STE#300
MIAMI, FL 33126

Current Mailing Address:

5822 SW 8TH ST.
MIAMI, FL 33144

New Mailing Address:

10 NW 42 AV
STE#300
MIAMI, FL 33126

FEI Number: 65-0745652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENA, HECTOR M
5822 SW 8TH ST.
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

PENA, HECTOR M
10 NW 42 AV
STE#300
MIAMI, FL 33126 US

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: 04/15/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: PENA, HECTOR M
Address: 5822 SW 8TH ST.
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: PENA, HECTOR M
Address: 10 NW 42 AV
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HECTOR M. PENA PSD 04/15/2004
Electronic Signature of Signing Officer or Director — Date