

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S44287

FILED
Apr 29, 2004
Secretary of State

Entity Name: PROFESSIONAL CARE I, INC.

Current Principal Place of Business:

11355 SW 84 ST.
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

11355 SW 84 ST.
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-0340771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROIZ, OSCAR L
11355 SW 84 STREET
MIAMI, FL 33173 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: SD () Delete
Name: SHAHAM, JACOB,
Address: 1351 N KROME AVE
City-St-Zip: HOMESTEAD, FL

Title: VST () Delete
Name: SHAHAM, HELEN,
Address: 1351 N KROME AVE
City-St-Zip: HOMESTEAD, FL

Title: D (X) Delete
Name: SHAHAM, HELEN,
Address: 1351 N KROME AVE
City-St-Zip: HOMESTEAD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHAHAM, JACOB
Address: 11355 SW 84 STREET
City-St-Zip: MIAMI, FL 33173

Title: VP (X) Change () Addition
Name: SHAHAM, HELEN
Address: 11355 SW 84 STREET
City-St-Zip: MIAMI, FL 33173

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 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: JACOB SHAHAM

PD

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date