

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S90115

FILED
Apr 29, 2004
Secretary of State

Entity Name: VINTEX QUALITY CARE, INC.

Current Principal Place of Business:

7466 S W 48TH STREET
1450 MADRUGA AVE., STE. 304
MIAMI, FL 33155 US

New Principal Place of Business:

7466 S W 48TH STREET
MIAMI, FL 33155 US

Current Mailing Address:

7466 S W 48TH STREET
1450 MADRUGA AVE., STE. 304
MIAMI, FL 33155 US

New Mailing Address:

7466 S W 48TH STREET
MIAMI, FL 33155 US

FEI Number: 65-0297612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OMACHONU, ABO E.
7466 S W 48TH STREET
SUITE 201
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

OMACHONU, ABO E.
7466 S W 48TH STREET
MIAMI, FL 33155 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:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OMACHONU, ABO E.,
Address: 13301 SW 107 AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: OMACHONU, VINCENT K.,
Address: 13301 SW 107 AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OMACHONU, ABO E.,
Address: 13301 SW 107 AVE
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change () Addition
Name: OMACHONU, VINCENT K.,
Address: 13301 SW 107 AVE
City-St-Zip: MIAMI, FL 33176

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: OMACHONU, ABO E.

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date