


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90302 011 ***150.00

DOCUMENT # P95000025133 1. Entity Name SUCARE, INC.			
Principal Place of Business 2100 SALZEDO ST. #300 CORAL GABLES, FL 33134		Mailing Address 2100 SALZEDO ST. #300 CORAL GABLES, FL 33134	
2. Principal Place of Business 4000 TOWERSIDE TERR.		3. Mailing Address 4000 TOWERSIDE TERR.	
Suite, Apt. #, etc. APT. 402		Suite, Apt. #, etc. APT 402	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33138		Country USA	
4. FEI Number 65-0601753		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARAZOZA & FERNANDEZ FRAGA, P.A. 2100 SALZEDO STREET SUITE 300 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name GISELA ARELLANO Street Address (P.O. Box Number is Not Acceptable) 4000 TOWERSIDE TERRACE APT. 402 City MIAMI FL Zip Code 33138	
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 <u><i>Gisela Arellano</i></u> (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DE ARELLANO, GLADYS M <input type="checkbox"/> Delete STREET ADDRESS 125 E. 63 STREET, APT 2D CITY-ST-ZIP NEW YORK, NY 10021	TITLE De Arellano, Gladys M <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 125 E. 63rd St, Apt 2D (Same) STREET ADDRESS New York, NY, 10021 CITY-ST-ZIP		
TITLE VPS <input type="checkbox"/> Delete NAME ARELLANO, ADRIANA STREET ADDRESS 125 E. 63 STREET, APT 2D CITY-ST-ZIP NEW YORK, NY 10021	TITLE Arellano, Adriana <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 125 E. 63rd St. #2D (Same) STREET ADDRESS New York, NY, 10021 CITY-ST-ZIP		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Gladys M. De Arellano</i></u> (GLADYS M. DE ARELLANO)		Date 04/08/04 Daytime Phone # tel. 305 9819193	

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04032004 Chg-P CR2E034 (10/03)