# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 25, 2005**
**Secretary of State**

DOCUMENT# P03000114555

**Entity Name:** ACCOUNTING & MANAGEMENT CARE, INC.

**Current Principal Place of Business:**

10740 N PRESERVE WAY
#105
HOLLYWOOD, FL 33025

**New Principal Place of Business:**

10035 NW 44TH TERRACE
102
MIAMI, FL 33178

**Current Mailing Address:**

10740 N PRESERVE WAY
#105
HOLLYWOOD, FL 33025

**New Mailing Address:**

10035 NW 44TH TERRACE
102
MIAMI, FL 33178

**FEI Number: 56-2406443** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESCOBAR, PAULA A
10020 SHERIDAN STREET
APT. # 111
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

ESCOBAR, PAULA A
10035 NW 44TH TERRACE
102
MIAMI, FL 33178 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: PAULA ESCOBAR 02/25/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P,VP ( ) Delete
Name: ESCOBAR, PAULA A
Address: 10740 N PRESERVE WAY #105
City-St-Zip: HOLLYWOOD, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,VP (X) Change ( ) Addition
Name: ESCOBAR, PAULA A
Address: 10035 NW 44TH TERRACE #102
City-St-Zip: MIAMI, FL 33178

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: PAULA ESCOBAR P 02/25/2005
Electronic Signature of Signing Officer or Director Date