


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # G09330
1. Entity Name
SPECIAL CARE, INC.



Principal Place of Business _____ Mailing Address _____
600 W. 20TH STREET 590 WEST 20TH STREET
1200 PONCE DE LEON BLVD. HIALEAH, FL 33010 US
HIALEAH, FL 33010 US

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2363337	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRACERAS, WILFRED
600 W 20TH ST.
HIALEAH, FL 33010

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRACERAS, WILFRED 600 W. 20TH ST. HIALEAH, FL
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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)(f), 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: Wilfred Braceras WILFRED BRACERAS 03/25/05 (305)863-8860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #