

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 23, 2004
Secretary of State**

DOCUMENT# N01000008838

Entity Name: COPSCARE, INC.

Current Principal Place of Business:

1279 NE 79 ST, UNIT A-4
MIAMI, FL 33138

New Principal Place of Business:

1279 NE 79 ST, UNIT A-4
MIAMI, FL 33138 US

Current Mailing Address:

19521 W LAKE DR
MIAMI, FL 33015

New Mailing Address:

19521 W LAKE DR
MIAMI, FL 33015 US

FEI Number: 65-1158717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, GERALD N
19521 W LAKE DR
MIAMI, FL 33015

Name and Address of New Registered Agent:

GREEN, GERALD N
19521 W LAKE DR
MIAMI, FL 33015 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:

02/23/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PM () Delete
Name: GREEN, GERALD N
Address: 19521 W LAKE DR
City-St-Zip: MIAMI, FL 33015546

Title: D () Delete
Name: RIVERO, DAVID
Address: 400 NW 2 AVENUE
City-St-Zip: MIAMI, FL 33128

Title: D () Delete
Name: WILLIAMS, BRUCE
Address: 21381 HIGHLAND LAKE BLVD
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: WOODS, MARY LOU
Address: 1623 EAST LAKE WAY
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: D () Delete
Name: VIERA, MELIA
Address: 799 BRICKELL PLAZA STE 606
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD N. GREEN

PM

02/23/2004

Electronic Signature of Signing Officer or Director

Date