


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N06864 1. Entity Name WE CARE OF PALM GREENS, INC.	
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Principal Place of Business 5801 VIA DELRAY DELRAY BEACH, FL 33484 US	Mailing Address 5801 VIA DELRAY DELRAY BEACH, FL 33484 US
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2475620	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
**STEIN, GLADYS
13656 13 COCONUT PALM COURT
DELRAY BEACH, FL 33484**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000112842 04/14/04-80039-023 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENIRO, ANTHONY 5775-B PHOENIX PALM CT DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUGERMAN, FRANCES 13841-A ROYAL PALM COURT DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EPSTEIN, RENEE 13665 VIA AURORA DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLANK, EMANUEL 5775 A PHOENIX PALM COURT DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLAVIN, MARGERY 13233 BLUE INDA PALM CRT DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STESSEL, HERMINE 5744-B PHOENIX PALM CRT DELRAY BEACH, FL 33484

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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 617, 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: *Anthony Deniro* **4/12/04** **561 6383970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #