


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

FILED
Sep 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006836	
1. Entity Name EAGLE CARE PRODUCTION, INC.	
	
Principal Place of Business 285 N.W. 199 ST BLD 2 SUITE 100 MIAMI, FL 33138	Mailing Address POST OFFICE BOX 16097 MIAMI, FL 33101
DO NOT WRITE IN THIS SPACE	



07212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0979810	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 SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by September 8, 2004**

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	PTD WHITE, MAREETA 553 NORTHEAST 75TH STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD JOHNSON, MELINDA 115 NW 202ND TERR MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCINTYRE, ERIC 12401 NE 16 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/09/04-80005-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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:

Mareeta McIntyre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/7/04