2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054725

Entity Name: S&SCAR CARE, INC

452 WEST 40TH PLACE

HIALEAH, FL 33012

Address: City-St-Zip: FILED Apr 27, 2007 Secretary of State

| y rea | | 1 C 07 (1 CL, 11 CC. | | | |
|---|---|----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| | SATE COURT E, FL 33063 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | SATE COURT E, FL 33063 | | | | |
| FEI Number | : 65-1015471 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| | OVIDIO BATE COURT E, FL 33063 | US | | | |
| | named entity : e of Florida. | submits this statement for the p | urpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| Electronic Signature of Registered Agent | | | nt | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P/D () ARNAIZ, OVIDI 5054 N.W. 121 CORAL SPRING | ST DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () MAESTRE, ANG 580 WEST 53R HIALEAH, FL 3 | D STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | D () MAESTRE, PEI | Delete DRO | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: O ARNAIZ P/D 04/27/2007