


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90491 001 ***300.00

DOCUMENT # P00000090273					
1. Entity Name MEDCARE ENTERPRISES, INC.					
Principal Place of Business 1313 SW 1 ST MIAMI, FL 33135			Mailing Address 1850 SW 8 STREET #302 MIAMI, FL 33135		
2. Principal Place of Business 12804 Biscayne Blvd			3. Mailing Address 1850 SW 8 st		
Suite, Apt. #, etc. B			Suite, Apt. #, etc. 302		
City & State North Miami			City & State Miami FL		
Zip 33181		Country USA		Zip 33135	
Country USA		4. FEI Number 65-1042029			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUEZ/BLANCA 5310 SW 7TH STREET MIAMI, FL 33134			7. Name and Address of New Registered Agent Name Blanca Vazquez Street Address (P.O. Box Number is Not Acceptable) 1850 SW 8 st st 302 City Miami FL Zip Code 33135		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAZQUEZ, BLANCA L. A 5310 SW 7TH STREET MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Secretary Vazquez, Blanca 1850 SW 8 st st 302 Miami FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Blanca Vazquez</u>			2-16-06 3053009241		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66011347



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