

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017282

Entity Name: ELICO CARE, INC.

FILED  
Jan 06, 2004  
Secretary of State

## Current Principal Place of Business:

99 NW 183 STREET STE#114  
MIAMI, FL 33169

## New Principal Place of Business:

## Current Mailing Address:

99 NW 183 STREET STE#114  
MIAMI, FL 33169

## New Mailing Address:

290 174 STREET, STE#1605  
SUNNY ISLES, FL 33160

FEI Number: 65-1077070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OBERLENDER, OLGA  
7830 DICKENS AVE STE 402  
MIAMI BEAC, FL 33141 US

## Name and Address of New Registered Agent:

OBERLENDER, OLGA  
7830 DICKENS AVE STE 402  
MIAMI BEACH, FL 33141 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: OLGA OBERLENDER

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: FIDLIN, ILYA  
Address: 99 NW 183 STREET STE#114  
City-St-Zip: MIAMI, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: ILYA FIDLIN

PRES

01/06/2004

Electronic Signature of Signing Officer or Director

Date