


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90006 015 \*\*\*150.00

<b>DOCUMENT # P01000043555</b> 1. Entity Name <b>BEST QUALITY SENIOR CARE INC.</b>					
Principal Place of Business <b>961 WEST 27TH STREET HIALEAH, FL 33010</b>			Mailing Address <b>961 WEST 27TH STREET HIALEAH, FL 33010</b> <i>C/O Lopez Accounting</i> <b>1800 W. 49 St</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>201</b>			3. Mailing Address Suite, Apt. #, etc. <b>201</b>		
City & State <b>Hialeah, FL.</b>			4. FEI Number <b>65-1121808</b>		
Zip <b>33012</b>			Country <b>USA</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For Not Applicable		
6. Name and Address of Current Registered Agent <b>GARRIDO, ANGEL 961 WEST 27TH STREET HIALEAH, FL 33010</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GARRIDO, ANGEL 961 WEST 27TH STREET HIALEAH, FL 33010</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GARRIDO, RAQUEL 961 WEST 27TH STREET HIALEAH, FL 33010</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 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.					
<b>SIGNATURE: <i>Raquel Garrido</i> RAQUEL GARRIDO VP Pres 7/14/04 884-2324</b>					

**54066536**



07142004 Chg-P CR2E034 (10/03)

(305)

Attachment

54066536  
#P01000043555

July 14, 2004

Florida Department of State  
Division of Corporations

Re: Yr. 2004 Annual Report

Dear Sir or Madam:

Please be advised that I was under the impression that my accountant had send in the annual report since I have no record of receiving it. In addition, to the best of my knowledge it was

~~taken care off. Now, I am with a different accounting firm and find out that nothing was done for~~  
the year 2004.

Please accept our apologies for the inconvenience this matter may have caused you, but please accept the newly form downloaded by our new accounting firm and our check in the amount of \$150.00, in order to reinstate our corporation to good standing.

If you have any questions, or need additional information, please do not hesitate to contact us immediately.

Sincerely,

*Raquel Garrido*

Raquel Garrido  
Vice President  
Best Quality Senior Care Inc.  
C/o Lopez Accounting  
1800 West 49<sup>th</sup> St., Suite 201  
Hialeah, Florida 33012  
Telephone: 305-825-3537  
305-884-2324