


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90565 009 \*\*\*150.00

**DOCUMENT # P01000060863**

1. Entity Name  
**SUBSTANCE ABUSE CENTERS OF AMERICA, INC.**



Principal Place of Business      Mailing Address  
**20100 WEST COUNTRY CLUB DRIVE #306**      **20100 WEST COUNTRY CLUB DRIVE #306**  
**AVENTURA FL 33180**      **AVENTURA FL 33180**

2. Principal Place of Business      3. Mailing Address  
**4410 N FEDERAL HWY**      **4410 N FEDERAL HWY**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**FORT LAUDERDALE, FL**      **FORT LAUDERDALE, FL**  
 Zip      Country      Zip      Country  
**33308**      **USA**      **33308**      **USA**

4. FEI Number      Applied For  
**65-1118405**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

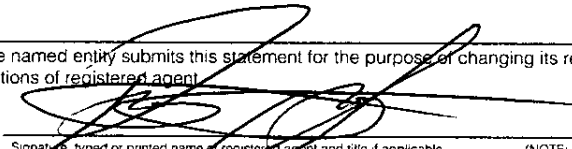


MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**EISENSTEIN, LAURA M**  
**20100 WEST COUNTRY CLUB DRIVE #306**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent  
 Name: **ROLANDO ARAGON**  
 Street Address (P.O. Box Number is Not Acceptable): **320 FLAGAMI BLVD**  
 City: **MIAMI**      State: **FL**      Zip Code: **33144**

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:       DATE: **4/21/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

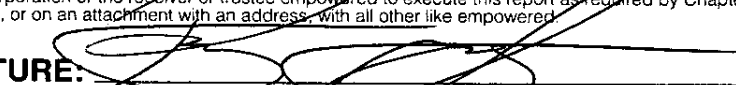
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	EISENSTEIN, LAURA M	20100 WEST COUNTRY CLUB DRIVE #306	AVENTURA FL 33180	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	PRESIDENT ROLANDO ARAGON	320 FLAGAMI BLVD	MIAMI, FL 33144	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:       DATE: **4/21/2004**      DAYTIME PHONE: **(786) 246-7731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR