2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004
Secretary of State

DOCUMENT# P02000005343

Entity Name: KIMBRYANNA FAMILY CARE CENTER, INC.

Current Principal Place of Business:

943 OLD BARN ROAD
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 780486
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 26-0029877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEL AGUILA, KATIA
943 OLD BARN ROAD
ORLANDO, FL 32825

Name and Address of New Registered Agent:

BEATO, KATI
943 OLD BARN ROAD
ORLANDO, FL 32825

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: KATI BEATO 03/04/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ARIAS, MAXI
Address: 943 OLD BARN ROAD
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete
Name: BEATO, DIEGO
Address: 844 BRISTOL FOREST WAY
City-St-Zip: ORLANDO, FL 32828

Title: D (X) Delete
Name: ARIAS, JOEL
Address: 943 OLD BARN ROAD
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MAXI ARIAS OFFI 03/04/2004
Electronic Signature of Signing Officer or Director Date