2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P02000038748

Entity Name: PRO CARE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

3399 NORTHWEST 72ND AVENUE
SUITE 224
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

3399 NORTHWEST 72ND AVENUE
SUITE 224
MIAMI, FL 33122

New Mailing Address:

FEI Number: 02-0582046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LINDSAY, ELVIS
Address: 3399 NORTHWEST 72ND AVENUE SUITE 224
City-St-Zip: MIAMI, FL 33122

Title: VPD ( ) Delete
Name: LEWIS, WILLIAM
Address: 3399 NORTHWEST 72ND AVENUE SUITE 224
City-St-Zip: MIAMI, FL 33122

Title: SD ( ) Delete
Name: HOLGATE, CHARLES
Address: 3399 NORTHWEST 72ND AVENUE SUITE 224
City-St-Zip: MIAMI, FL 33122

Title: TD ( ) Delete
Name: CHIN-QUEE, DENNIS
Address: 3399 NORTHWEST 72ND AVENUE SUITE 224
City-St-Zip: MIAMI, FL 33122

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:

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: ELVIS LINDSAY PD 04/27/2004

Electronic Signature of Signing Officer or Director — Date