



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90536 009 \*\*\*158.75

<b>DOCUMENT # P02000047327</b> 1. Entity Name <b>BEST CARE TRANSPORTATION, INC.</b>																													
Principal Place of Business <b>8348 S.W. 40TH ST. MIAMI, FL 33155</b>			Mailing Address <b>8348 S.W. 40TH ST. MIAMI, FL 33155</b>																										
2. Principal Place of Business <b>7221 CORAL WAY</b> Suite, Apt. #, etc. <b>204</b>		3. Mailing Address Suite, Apt. #, etc.																											
City & State <b>MIAMI, FL</b>		City & State		4. FEI Number <b>37-1428554</b>																									
Zip <b>33155</b>		Country <b>DADE</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>NOVOA, JORGE T 8348 S.W. 40TH ST. MIAMI, FL 33155</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 \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
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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:</b> <u>George Novoa</u> <b>4/23/04</b> <b>786-417-3113</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													