
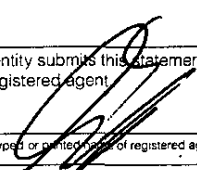
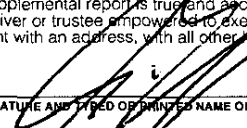


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90020 033 ***150.00

DOCUMENT # P02000061527 1. Entity Name DOC'S CHOICES, INC.					
Principal Place of Business 1088 E. ALTAMONTE DR. 103 ALTAMONTE SPRINGS, FL 32701			Mailing Address 1300 S SEMORAN BLVD ORLANDO, FL 32826		
2. Principal Place of Business		3. Mailing Address 1088 EAST			
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 103			
City & State ALTAMONTE SPRING		City & State ALTAMONTE SPRING			
Zip 32701		Country ALTAMONTE SPRING		4. FEI Number 04-3694912	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEONARDO CALDERON 1088 ALTAMONTE DR. #103 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name LEONARDO CALDERON Street Address (P.O. Box Number is Not Acceptable) 615 FERN LAKE DRIVE City ORLANDO FL 32825	
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 X  (NOTE: Registered Agent signature required when reinstating) DATE 01/13/2004					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT NAME CALDERON, LEONARDO STREET ADDRESS 5536 NW 114 AVE APT 207 CITY-ST-ZIP MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE PT NAME CALDERON, LEONARDO STREET ADDRESS 615 FERN LAKE DRIVE CITY-ST-ZIP ORLANDO FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 01/13/04 Daytime Phone # 407-331-7100		