


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90420 038 ***150.00

DOCUMENT # P02000133462					
1. Entity Name AVOCARE INC					
Principal Place of Business 1865 BRICKELL AVENUE TH5 SUITE 1 MIAMI, FL 33129			Mailing Address 1865 BRICKELL AVENUE TH5 SUITE 1 MIAMI, FL 33129		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04282004 Chg-P CR2E034 (10/03)	
4. FEI Number 82-0579338				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UZCATEGUI, MARIA 1865 BRICKELL AVENUE TH5 SUITE 1 MIAMI, FL 33129			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEAD, KAREN 1865 BRICKELL AVE TH-5 MIAMI, FL 33129	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UZCATEGUI, MARIA 1865 BRICKELL AVE TH-5 MIAMI, FL 33129	<input type="checkbox"/> Delete	President Read, Karen 1865 Brickell Ave. TH-5 Miami, FL 33129		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UZCATEGUI, MARIA 1865 BRICKELL AVE TH-5 MIAMI, FL 33129	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UZCATEGUI, MARIA 1865 BRICKELL AVE TH-5 MIAMI, FL 33129	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UZCATEGUI, MARIA 1865 BRICKELL AVE TH-5 MIAMI, FL 33129	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.					
SIGNATURE: <i>M. Uzcategui</i> <i>Maria Uzcategui</i> <i>4/20/04</i> <i>305-860-999</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					