

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009762

Entity Name: AAA HEALTH CARE INC.

FILED
Apr 26, 2004
Secretary of State

Current Principal Place of Business:

6533 GRANDE ORCHID WAY
DELRAY BEACH, FL 33448

New Principal Place of Business:

20685 NW 28TH AVENUE
BOCA RATON, FL 33434

Current Mailing Address:

6533 GRANDE ORCHID WAY
DELRAY BEACH, FL 33448

New Mailing Address:

20685 NW 28TH AVENUE
BOCA RATON, FL 33434

FEI Number: 01-0764534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSKOWITZ, STEVEN I
6533 GRANDE ORCHID WAY
DELRAY BEACH, FL 33448

Name and Address of New Registered Agent:

MOSKOWITZ, STEVEN I
20685 NW 28TH AVENUE
BOCA RATON, FL 33434

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:

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOSKOWITZ, STEVEN
Address: 6533 GRANDE ORCHID WAY
City-St-Zip: DELRAY BEACH, FL 33448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOSKOWITZ, STEVEN
Address: 20685 NW 28TH AVENUE
City-St-Zip: BOCA RATON, FL 33434

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: STEVEN MOSKOWITZ

D

04/26/2004

Electronic Signature of Signing Officer or Director

Date