2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013220

Entity Name: GOLD CARE HEALTH SERVICES, INC.

FILED Feb 25, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

515 SW 17 AVE. 1825 SW 12 AVENUE MIAMI, FL 33135 DA MIAMI, FL 33129 DA

Current Mailing Address: New Mailing Address:

515 SW 17 AVE. 1825 SW 12 AVENUE MIAMI, FL 33135 DA MIAMI, FL 33129 DA

FEI Number: 41-2077556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBERTO F, MARRERO
515 SW 17 AVE.
MIAMI, FL 33135 US

ROBERTO F, MARRERO
1825 SW 12 AVENUE
MIAMI, FL 33129 US

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: ROBERTO F. MARRERO 02/25/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 MARRERO, ROBERTO F
 Name:
 MARRERO, ROBERTO F

 Address:
 515 SW 17 AVE
 Address:
 1825 SW 12 AVENUE

515 SW 17 AVE Address: 1825 SW 12 AVENUE MIAMI, FL 33135 DA City-St-Zip: MIAMI, FL 33129 DA

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: ROBERTO F. MARRERO PRES 02/25/2004