2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 23, 2005
Secretary of State

DOCUMENT# P03000024420

Entity Name: AVILAN CARE, INC.

Current Principal Place of Business:

7815 SW 97 PLACE
MIAMI, FL 33173

New Principal Place of Business:

7815 SW 97 PLACE
MIAMI, FL 33173 US

Current Mailing Address:

7815 SW 97 PLACE
MIAMI, FL 33173

New Mailing Address:

7815 SW 97 PLACE
MIAMI, FL 33173 US

FEI Number: 51-0448849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCONNELL, ROBERT
7815 SW 97 PLACE
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

MCCONNELL, ROBERT C
7815 SW 97 PLACE
MIAMI, FL 33173 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: ROBERT C MCCONNELL 03/23/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AVILAN, ALICIA
Address: 13240 SW 88 LANE #E109
City-St-Zip: MIAMI, FL 33186

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AVILAN, ALICIA
Address: 13240 SW 88 LANE #E109
City-St-Zip: MIAMI, FL 33186 US

Title: V ( ) Change (X) Addition
Name: AVILAN, BERNARDO
Address: 13240 SW 88 LANE #E109
City-St-Zip: MIAMI, FL 33186 US

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: ALICIA AVILAN P 03/23/2005
Electronic Signature of Signing Officer or Director Date