

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027940

Entity Name: G & A HEALTH SERVICES, INC.

FILED
Mar 23, 2005
Secretary of State

Current Principal Place of Business:

10479 WINDERMERE CHAST BLVD.
GOTHA, FL 34734

New Principal Place of Business:

6248 SW 139TH COURT
MIAMI, FL 33183

Current Mailing Address:

10479 WINDERMERE CHAST BLVD.
GOTHA, FL 34734

New Mailing Address:

6248 SW 139TH COURT
MIAMI, FL 33183

FEI Number: 02-0682778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ CABRERA, GONZALO
10479 WINDERMERE CHAST BLVD.
GOTHA, FL 34734 US

Name and Address of New Registered Agent:

SUAREZ CABRERA, GONZALO
6248 SW 139TH COURT
MIAMI, FL 33183 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:

03/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SUAREZ CABRERA, GONZALO
Address: 10479 WINDERMERE CHAST BLVD.
City-St-Zip: GOTHA, FL 34734

Title: VPD () Delete
Name: ZAMORA, ADRIANA
Address: 10479 WINDERMERE CHAST BLVD.
City-St-Zip: GOTHA, FL 34734

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SUAREZ CABRERA, GONZALO
Address: 6248 SW 139TH COURT
City-St-Zip: MIAMI, FL 33183

Title: VPD (X) Change () Addition
Name: ZAMORA, ADRIANA
Address: 6248 SW 139TH COURT
City-St-Zip: MIAMI, FL 33183

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: GONZALO SUAREZ

PD

03/23/2005

Electronic Signature of Signing Officer or Director

Date