


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90303 046 ***150.00

DOCUMENT # P03000048377
 1. Entity Name
PIONEER CARE TRANSPORTATION INC.



Principal Place of Business Mailing Address
7541 BISCAYNE BLVD. **7541 BISCAYNE BLVD.**
MIAMI FL 33138 **MIAMI FL 33138**

2. Principal Place of Business 3. Mailing Address
Correct *Correct*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **74-1612229** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOSEPH, JAMAE B
7541 BISCAYNE BLVD.
MIAMI FL 33138

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
Correct
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, JAMAE B	
STREET ADDRESS	275 NW 59TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, ICELYN	
STREET ADDRESS	275 NW 59TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 _____ Date **4-22-04** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR