

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90030 028 ***150.00

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1. Entity Name
CAREPRO INTERNATIONAL, CORP.



Principal Place of Business
**961 LAKE BERKLEY DR.
KISSIMMEE, FL 34746 US**

Mailing Address
**780 NW 42 AV.
420
MIAMI, FL 33126 US**

94041273



2. Principal Place of Business
1401-A Edgewater Dr
Suite, Apt. #, etc.

3. Mailing Address
P O Box 547370
Suite, Apt. #, etc.

03262004 Chg-P CR2E034 (10/03)

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
05-0583450

Applied For
Not Applicable

Zip
32804

Country
US

Zip
32854

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAZZA-MARTINEZ, TANIA A MS,
780 NW 42 AV.
420
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name
Carlos ThurdeKooS
Street Address (P.O. Box Number is Not Acceptable)
1401-A Edgewater Drive
City
Orlando, FL Zip Code
32804

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

[Signature]
Signature typed or printed name of registered agent and fee applicator (NOTE: Registered Agent signature required when reinstating)

3/27/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P, S
SOSA, LUIS A MR.
961 LAKE BERKLEY DR.
KISSIMMEE, FL 34746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP S
CABRERA, MONICA E MR.
961 LAKE BERKLEY DR.
KISSIMMEE, FL 34746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D ☒ Change ☐ Addition
Sosa, Luis A. Dr.
1401-A Edgewater Dr, Orlando, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D ☒ Change ☐ Addition
Cabrera, Monica E. Dr.
1401-A Edgewater Dr, Orlando, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
CARLOS THURDEKOOS

3/27/04 Date
407-849-5222 Daytime Phone #