

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113643

FILED
Apr 30, 2004
Secretary of State

Entity Name: TOTAL CARE FOR YOU, INC.

Current Principal Place of Business:

4801 S UNIVERSITY DR, STE 118
FT LAUDERDALE, FL 33328

New Principal Place of Business:

3323 SW 49TH STREET
FT LAUDERDALE, FL 33312

Current Mailing Address:

4801 S UNIVERSITY DR, STE 118
FT LAUDERDALE, FL 33328

New Mailing Address:

3323 SW 49TH STREET
FT LAUDERDALE, FL 33312

FEI Number: 02-0709938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSEY, SUMMER
4801 S UNIVERSITY DR, STE 118
FT LAUDERDALE, FL 33328 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KHAN, FAREED
Address: 4801 S UNIVERSITY DR, STE 118
City-St-Zip: FT LAUDERDALE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KHAN, FAREED
Address: 3323 SW 49TH STREET
City-St-Zip: FT LAUDERDALE, FL 33312

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: FAREED KHAN

MR

04/30/2004

Electronic Signature of Signing Officer or Director

Date