

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90067 001 ***150.00

DOCUMENT # P03000114555

1. Entity Name
ACCOUNTING & MANAGEMENT CARE, INC.



Principal Place of Business Mailing Address

**10020 SHERIDAN STREET
 APT. #111
 PEMBROKE PINES FL 33024**

**10020 SHERIDAN STREET
 APT. #111
 PEMBROKE PINES FL 33024**

44013950



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

10740 N Preserve Way 10740 N Preserve Way

Suite, Apt. #, etc. Suite, Apt. #, etc.

105 105

City & State City & State

Miramar, FL Miramar, FL

Zip Country Zip Country

33025 USA 33025 USA

4. FE# Number Applied For

56-2406443 Not Applicable

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

6. Name and Address of Current Registered Agent

**ESCOBAR, PAULA A
 10020 SHERIDAN STREET
 APT. # 111
 PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P,VP	<input type="checkbox"/> Delete
NAME	ESCOBAR, PAULA A	
STREET ADDRESS	10020 SHERIDAN STREET APT. #111	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P,VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCOBAR, PAULA A	
STREET ADDRESS	10740 N PRESERVEWAY #105	
CITY-ST-ZIP	MIRAMAR, FL 33025	
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: *Paula A. Escobar*

2/21/04 (954) 600-7271