


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90178 022 \*\*\*150.00

DOCUMENT # P04000035273			
1. Entity Name HEALTH WATCH OF THE AMERICAS, INC.			
Principal Place of Business 520 SW 111TH AVE APT 202 PEMBROKE PINES, FL 33025		Mailing Address 520 SW 111TH AVE APT 202 PEMBROKE PINES, FL 33025	
2. Principal Place of Business 11061 NW 38 PLACE Suite, Apt. #, etc.		3. Mailing Address 11061 NW 38 PLACE Suite, Apt. #, etc.	
City & State SUNRISE FLORIDA Zip 33351 Country USA		City & State SUNRISE, FLORIDA Zip 33351 Country USA	
4. FEI Number 11-3716138		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARROW, KIRK 520 SW 111TH AVE APT 202 PEMBROKE PINES, FL 33025		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODSTOCK, GORDON 520 SW 111TH AVE APT 202 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODSTOCK, GORDON 11061 NW 38TH PLACE SUNRISE, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WOODSTOCK, STEPHEN 520 SW 111TH AVE APT 202 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WOODSTOCK, STEPHEN 11061 NW 38TH PLACE SUNRISE, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WOODSTOCK, KEISHA 520 SW 111TH AVE APT 202 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WOODSTOCK, KEISHA 11061 NW 38TH PLACE SUNRISE, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>KEISHA WOODSTOCK</u>		Date: <u>4/30/05</u> Daytime Phone #: <u>954 572 0542</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	