

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103855

FILED  
Mar 05, 2005  
Secretary of State

**Entity Name:** WOMEN FOR WOMAN CARE CENTER, INC.

**Current Principal Place of Business:**

313 TURNSTONE WAY  
ORLANDO, FL 32828

**New Principal Place of Business:**

2702 NORTH ORANGE AVENUE  
STE A  
ORLANDO, FL 32804

**Current Mailing Address:**

313 TURNSTONE WAY  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:** 20-1354835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ-ROSA, MAGDA  
313 TURNSTONE WAY  
ORLANDO, FL 32828 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST ( ) Change (X) Addition  
Name: LOPEZ-ROSA, MAGDA  
Address: 313 TURNSTONE WAY  
City-St-Zip: ORLANDO, FL 32828

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: MAGDA LOPEZ-ROSA

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03/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date