

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104496

Entity Name: BRIVA CARE, INC.

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

8540 N SHERMAN CIR UNIT 401
MIRAMAR, FL 33025

New Principal Place of Business:

2472 NW 175TH TERRACE
MIAMI GARDENS, FL 33056

Current Mailing Address:

8540 N SHERMAN CIR UNIT 401
MIRAMAR, FL 33025

New Mailing Address:

2472 NW 175TH TERRACE
MIAMI GARDENS, FL 33056

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNKLEY, SHANEQUE A
8540 N SHERMAN CIR UNIT 401
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

DUNKLEY, SHANEQUE A
2472 NW 175TH TERRACE
MIAMI GARDENS, FL 33056 US

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:

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: DUNKLEY, SHANEQUE A
Address: 8540 N SHERMAN CIR UNIT 401
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DUNKLEY, SHANEQUE A
Address: 2472 NW 175TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SHANEQUE DUNKLEY

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

Date