2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 06, 2005
Secretary of State

DOCUMENT# P04000168566

Entity Name: D & D MEDICAL CARE, INC.

Current Principal Place of Business:

4292 PALM AVE.
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

4292 PALM AVE.
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 20-2051636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUENTES, LUIS O
60 E. 3RD ST., APT. 1207
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

ZAPATA, RUBEN D
4292 PALM AVENUE
HIALEAH, FL 33010 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: RUBEN D. ZAPATA 06/06/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FUENTES, LUIS O
Address: 60 E. 3RD ST., APT. 1207
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ZAPATA, RUBEN D
Address: 4292 PALM AVENUE
City-St-Zip: HIALEAH, FL 33010

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: RUBEN D. ZAPATA PRES 06/06/2005
Electronic Signature of Signing Officer or Director Date