


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90069 037 \*\*\*150.00

<b>DOCUMENT # P05000073969</b>	
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1. Entity Name  
**E & V HEALTH CARE INC.**

Principal Place of Business  
**8065 SOUTHWEST 107TH AVENUE  
SUITE 118  
MIAMI, FL 33173**

Mailing Address  
**POST OFFICE BOX 832974  
MIAMI, FL 33283**



2. Principal Place of Business <b>2500 NW 79 AVE</b>	3. Mailing Address <b>2500 NW 79 AVE</b>
Suite, Apt. #, etc. <b>167</b>	Suite, Apt. #, etc. <b>167</b>

01242006 Chg-P CR2E034 (11/05)

City & State <b>Doral Florida</b>	City & State <b>Doral Florida</b>
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4. FEI Number <b>14-1930366</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33122</b>	Country <b>USA</b>	Zip <b>33122</b>	Country <b>USA</b>
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

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  **Maria E. Tabares** **1/26/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PSD</b>	NAME <b>ESCALONA, URANIA</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>8065 SOUTHWEST 107TH AVENUE #118</b>	CITY-ST-ZIP <b>MIAMI, FL 33173</b>	
TITLE <b>VTD</b>	NAME <b>TABARES, MARIA E</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>8065 SOUTHWEST 107TH AVENUE #118</b>	CITY-ST-ZIP <b>MIAMI, FL 33173</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>PSD</b>	NAME <b>Tabares, Maria E</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2500 NW 79 AVE #167</b>	CITY-ST-ZIP <b>Doral Florida 33122</b>	
TITLE <b>VTD</b>	NAME <b>Rodriguez Castillo, Maydelaine</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>2500 NW 79 AVE #167</b>	CITY-ST-ZIP <b>Doral, Florida 33122</b>	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Maria E. Tabares** **1/26/06 (786) 252 4779**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #