


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90134 002 ***550.00

DOCUMENT # P93000046136	
1. Entity Name DIRECT NURSING ASSISTANCE, INC.	

Principal Place of Business 11117 W. OKEECHOBEE ROAD SUITE 205 HIALEAH GARDENS, FL 33018 US	Mailing Address PEREZ BEHAR & ASSOC., P.A. 13935 NW 1ST AVE MIAMI, FL 33168 US
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54053499

2. Principal Place of Business 4229 W 16 Ave Suite, Apt., etc.: 672 202 City & State: Hialeah, FL Zip: 33012 Country: USA	3. Mailing Address 4229 W 16 Ave Suite, Apt., etc.: 672 202 City & State: Hialeah, FL Zip: 33012 Country: USA
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05042004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0420765	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 AENLLE, RODOLFO 4229 W 16TH AVENUE, #202 HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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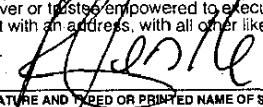
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!!-FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AENLLE, RODOLFO 4229 W 16TH AVE., #202 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **4/29/04** Daytime Phone #: **305-823-4920**