


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000056742	
1. Entity Name COMPREHENSIVE HEALTH CARE SERVICES OF AMERICA, INC.	

Principal Place of Business 6157 NW 167 STREET SUITE F16 MIAMI, FL 33015 US	Mailing Address 6157 NW 167 STREET SUITE F16 MIAMI, FL 33015 US
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03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0429425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GARCIA, LUIS E. 6157 NW 167TH STREET SUITE F16 MIAMI, FL 33015	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, in blue or black ink, of registered agent and fee (applicable) (NOTE: Registered Agent Signature required when certifying)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000092391 03/19/04-80007-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D GARCIA, LUIS E. 6157 NW 167 ST #F16 MIAMI, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: *[Signature]* **PRESIDENT LUIS E GARCIA 3/15/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 562-8224