

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000083476

FILED  
Mar 14, 2004  
Secretary of State

Entity Name: AMERICAN BUILDING CARE, INC.

**Current Principal Place of Business:**

8229 NW 194 TERR  
MIAMI, FL 33015 US

**New Principal Place of Business:**

8229 NW 194 TERRACE  
MIAMI, FL 33015 US

**Current Mailing Address:**

8229 NW 194 TERR  
MIAMI, FL 33015 US

**New Mailing Address:**

8229 NW 194 TERRACE  
MIAMI, FL 33015 US

FEI Number: 65-0536959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DELGADO, ROLANDO  
8229 NW 194 TERR  
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

DELGADO, ROLANDO  
8229 NW 194 TERRACE  
MIAMI, FL 33015 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: \_\_\_\_\_

03/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DELGADO, ROLANDO  
Address: 8229 NW 194 TERR  
City-St-Zip: MIAMI, FL 33015 US

Title: DTS ( ) Delete  
Name: DELGADO, DORA M  
Address: 8229 NW 194 TERR  
City-St-Zip: MIAMI, FL 33015 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DELGADO, ROLANDO  
Address: 8229 NW 194 TERRACE  
City-St-Zip: MIAMI, FL 33015 US

Title: DTS (X) Change ( ) Addition  
Name: DELGADO, DORA M  
Address: 8229 NW 194 TERRACE  
City-St-Zip: MIAMI, FL 33015 US

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: ROLANDO DELGADO

PD

03/14/2004

Electronic Signature of Signing Officer or Director

Date