2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004
Secretary of State

DOCUMENT# P95000032667

Entity Name: MCE PROFESSIONAL CARE INC.

Current Principal Place of Business:

7220 NW 36 ST
640
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

7220 N.W. 36TH STREET
#640
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 65-0579850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAZOS, EVELYN
7220 NW 36 ST
STE 640
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD (X) Delete
Name: MARRERO, MIGUEL
Address: 7220 NW 36 ST
City-St-Zip: MIAMI, FL 33166

Title: PVST ( ) Delete
Name: PAZOS, EVELYN
Address: 7220 NW 36 ST., STE 640
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: EVELYN PAZOS PVST 08/12/2004

Electronic Signature of Signing Officer or Director Date