
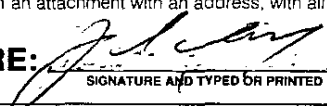


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90451 012 ***150.00

DOCUMENT # P95000059051 1. Entity Name DIGICARE BIOMEDICAL TECHNOLOGY, INC.			
Principal Place of Business 6879 VISTA PKWY N WEST PALM BEACH FL 33411		Mailing Address 6879 VISTA PKWY N WEST PALM BEACH FL 33411	
2. Principal Place of Business 107 Commerce Road Suite, Apt. #, etc.		3. Mailing Address 107 Commerce Road Suite, Apt. #, etc.	
City & State Boynton Beach, FL Zip 33426		City & State Boynton Beach, FL Zip 33426	
Country USA		Country USA	
6. Name and Address of Current Registered Agent MIRANDA, EDUARDO 6879 VISTA PKWY N WEST PALM BEACH FL 33411		7. Name and Address of New Registered Agent Name MIRANDA, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 107 COMMERCE ROAD City BOYNTON BEACH	
FL		Zip Code 33426	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIRANDA, EDUARDO 6714 REMINGTON PLACE LAKE WORTH FL 33463	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENDES, MARIO 5974 BAY HILL CIRCLE LAKE WORTH FL 33467	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUES, JORGE 358 RUA TORIBA RIO DE JANEIRO, -RJ21540-260	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<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: 		EDUARDO MIRANDA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
4/30/04 <small>Date</small>		561 6890408 <small>Daytime Phone #</small>	



MOORE CR2E034 (11/03)