


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90002 007 ***150.00

DOCUMENT # P95000097706 1. Entity Name GREAT HEALTH SERVICES INC.	
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Principal Place of Business 4583 NW 7ST MIAMI, FL 33126 US <i>OK</i>	Mailing Address 4583 NW 7ST SUITE 429 <i>dellet</i> MIAMI, FL 33126 US
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54070994



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0631938	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANTISTEBAN, NANCY 4583 NW 7ST MIAMI, FL 33126
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**DO NOT WRITE
IN THIS SPACE**

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: *N. Santisteban* **NANCY SANTISTEBAN (PRESIDENT)** **08-23-04**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANTISTEBAN, NANCY 4583 NW 7ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: *N. Santisteban* **NANCY SANTISTEBAN (PRESIDENT)** **08-23-04** **(305) 441-1803**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
GREAT HEALTH SERVICES, INC.

4583 NW 7TH ST. Suite 429 * MIAMI, Florida 33126

54070994

August 23, 2004

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Re: Document #P95000097706

Dear Sir or Madam:

As a follow up to our telephone conversation and as per your instructions, attached herewith please find a duly completed annual report form we were able to download from the internet, along with our check in the amount of \$150.00 to cover the filing fee.

As I explained to you this afternoon, we have no record of receiving the notification to file the annual report.

Therefore your assistance and cooperation in abating the penalty imposed along with reinstating our corporation to good standing at the earliest possible moment will be greatly appreciated.

Sincerely yours,

Nancy Santisteban
President

Enclosures

N. Santisteban