

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011445

FILED  
Apr 12, 2004  
Secretary of State

Entity Name: ALL FEMALE HEALTH CARE, INC.

## Current Principal Place of Business:

8890 WEST OAKLAND PARK BLVD  
103  
FORT LAUDERDALE, FL 33351

## Current Mailing Address:

4022 SOUTH CYPRESS DRIVE  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

8890 WEST OAKLAND PARK BLVD  
102  
FORT LAUDERDALE, FL 33351

## New Mailing Address:

8890 WEST OKLAND PARK BLVD.  
SIUTE 102  
SUNRISE, FL 33351

FEI Number: 65-0725514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAVID, SAFIEH  
4022 SOUTH CYPRESS DRIVE  
POMPANO BEACH, FL 33069

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JAVID, SAFIEH  
Address: 4022 SOUTH CYPRESS DRIVE  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete  
Name: BELADI, SAREH  
Address: 4022 SOUTH CYPRESS DRIVE  
City-St-Zip: POMPANO BEACH, FL 33069

## 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: SAFIEH JAVID

D

04/12/2004

Electronic Signature of Signing Officer or Director

Date