

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000056523

FILED
Jun 30, 2004
Secretary of State

Entity Name: CARE UNLIMITED HEALTH CARE SERVICES INC.

Current Principal Place of Business:

1925 NE 45TH STREET #235
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

1925 NE 45TH STREET #235
STE B
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-0850868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, LECRESHA
5045 WILES RD #10
POMPANO BEACH, FL 33073

Name and Address of New Registered Agent:

MORRIS, LECRESHA
4287 NW 57 DRIVE
COCONUT CREEK, FL 33073

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: LECRESHA MORRIS

06/30/2004

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: DP () Delete
Name: LECRESHA, MORRIS
Address: 5045 WILES ROAD, #10-305
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP () Delete
Name: CHARMAINE, BAKHAN
Address: 3985 SW 15TH ST #105
City-St-Zip: POMPANO BEACH, FL 33069

Title: S () Delete
Name: LECRESHA, KING
Address: 5045 WILES ROAD, #10-305
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CHARMAINE, BACHAN
Address: 4287 NW 57 DRIVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: S (X) Change () Addition
Name: LECRESHA, KING
Address: 4287 NW 57 DRIVE
City-St-Zip: COCONUT CREEK, FL 33073

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: L MORRIS

P

06/30/2004

Electronic Signature of Signing Officer or Director

Date