

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90226 013 \*\*\*150.00

<b>DOCUMENT # P97000056523</b>	
1. Entity Name <b>CARE UNLIMITED HEALTH CARE SERVICES INC.</b>	

Principal Place of Business <b>1925 NE 45TH STREET #235 FORT LAUDERDALE, FL 33308</b>	Mailing Address <b>1925 NE 45TH STREET #235 STE B FORT LAUDERDALE, FL 33308</b>
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05102005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0850868</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MORRIS, LECRESHA</b> <b>4287 NW 57 DRIVE</b> <b>COCONUT CREEK, FL 33073</b>		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LECRESHA, MORRIS 5045 WILES ROAD, #10-305 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LECRESHA MORRIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 759 Demorest Ave Lehigh, FL 33936
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHARMAINE, BACHAN 4287 NW 57 DRIVE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Charmaine Bachan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1925 NE 45th St #4 FT. LAUD, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LECRESHA, KING 4287 NW 57 DRIVE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Lecresha King <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 759 Demorest Ave Lehigh, FL 33936
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: MORRIS LECRESHA MORRIS Date: May 10, 2005

954-771-7811