


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90701 017 ***150.00

DOCUMENT # P98000064655

1. Entity Name
REM HOLDINGS, INC.



Principal Place of Business
**1000 BRICKELL AVE, STE 900
 MIAMI, FL 33131**

Mailing Address
**1000 BRICKELL AVE, STE 900
 MIAMI, FL 33131**

2. Principal Place of Business
4206 Laguna Street

3. Mailing Address
4206 Laguna Street


Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33146

Country



04282004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**RICARDO BAJANDAS, P.A.
 1000 BRICKELL AVE, STE 900
 MIAMI, FL 33131**

4. FEI Number
65-0914553

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
ENRIQUE VICIANA

Street Address (P.O. Box Number is Not Acceptable)
4206 LAGUNA STREET

City
CORAL GABLES FL Zip Code **33146**

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: *Enrique Viciana* DATE: **4/29/04**

Signature, typed 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. **\$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	PSD MENENDEZ, GUILLERMO 1000 BRICKELL AVE STE 900 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Enrique Viciana 4206 Laguna Street Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAJANDAS, RICARDO 1000 BRICKELL AVE STE 900 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Enrique Viciana* DATE: **4/29/04** (305) 446-0969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #