2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2004
Secretary of State

DOCUMENT# P98000106660

Entity Name: BESTCARE ENTERPRISES, INC.

Current Principal Place of Business:

1921 NORTHWEST 190TH AVENUE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

1921 NORTHWEST 190TH AVENUE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-0886030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAIZEL, KIMBERLY K
600 N. PINE ISLAND RD. -STE 450
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

OTERO, CLAUDIA
1921 NW 190 AV
PEMBROKE PINES, FL 33029 US

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: CLAUDIA OTERO 04/25/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: OTERO, CLAUDIA L
Address: 1921 NORTHWEST 190TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CLAUDIA OTERO PRES 04/25/2004
Electronic Signature of Signing Officer or Director Date