


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90451 012 \*\*\*150.00

<b>DOCUMENT # P95000059051</b>	
1. Entity Name DIGICARE BIOMEDICAL TECHNOLOGY, INC.	

Principal Place of Business 6879 VISTA PKWY N WEST PALM BEACH FL 33411	Mailing Address 6879 VISTA PKWY N WEST PALM BEACH FL 33411
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2. Principal Place of Business <i>107 Commerce Road</i>	3. Mailing Address <i>107 Commerce Road</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Boynton Beach, FL</i>	City & State <i>Boynton Beach, FL</i>
Zip <i>33426</i>	Zip <i>33426</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number 65-0594975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  MIRANDA, EDUARDO 6879 VISTA PKWY N WEST PALM BEACH FL 33411		7. Name and Address of New Registered Agent Name <i>MIRANDA, EDUARDO</i> Street Address (P.O. Box Number is Not Acceptable) <i>107 COMMERE ROAD</i>  City <i>BOYNTON BEACH</i> FL Zip Code <i>33426</i>	
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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 P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIRANDA, EDUARDO		NAME	
STREET ADDRESS 6714 REMINGTON PLACE		STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL 33463		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENDES, MARIO		NAME	
STREET ADDRESS 5974 BAY HILL CIRCLE		STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL 33467		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARQUES, JORGE		NAME	
STREET ADDRESS 358 RUA TORIBA		STREET ADDRESS	
CITY-ST-ZIP RIO DE JANEIRO,-RJ21540-260		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]* EDUARDO MIRANDA Date: *4/30/04* Daytime Phone #: *561 6890408*