## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 16, 2005 08:00 AM Secretary of State DOCUMENT # P02000010653 1. Entity Name A1A CARE CENTER, INC. Mailing Address Principal Place of Business **5745 NW 112 TERRACE** 5745 NW 112 TERRACE HIALEAH, FL 33012-2573 HIALEAH, FL 33012-2573 CR2F034 (10/03) No Chg-P 04072005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0035293 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent J. GARCIA AND ASSOCIATES, PA DO NOT WRITE 7850 NW 146TH STREET, SUITE 417 MIAMI LAKES, FL 33016 IN THIS SPACE 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 DATE ure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE LOPEZ, JUANA NAME **5745 NW 112 TERRACE** STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 330122573 TITLE LOPEZ, LUIS 5745 NW 112 TERRACE STREET ADORESS U00000309405 CITY-ST-ZIP HIALEAH, FL 330122573 04/16/05-80036-U12 **1**50.UU NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 all other like empowered.

Date

FICER OR DIRECTOR

SIGNATURE:

FILED