

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90084 049 ***158.75

| | |
|--|---|
| DOCUMENT # G09330 1. Entity Name SPECIAL CARE, INC. |  |
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|---|---|
| Principal Place of Business 600 W. 20TH STREET 1200 PONCE DE LEON BLVD. HIALEAH, FL 33010 US | Mailing Address 590 WEST 20TH STREET HIALEAH, FL 33010 US |
|---|---|

90073000



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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address <i>760 Ponce de Leon Blvd</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

02052007 Chg-P CR2E034 (12/06)

| | | |
|------------------------------------|-----------------------------|---|
| City & State <i>Orlando, FL</i> | 4. FEI Number 59-2363337 | Applied For Not Applicable |
| Zip 33134 | Country <i>Dadel</i> | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BRACERAS, WILFRED
600 W 20TH ST.
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD BRACERAS, WILFRED 600 W. 20TH ST. HIALEAH, FL | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 exemptions contained in Chapter 119, 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: WILFRED BRACERAS, PRESIDENT *Wilfred Braceras* *04/11/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #