


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90015 023 \*\*\*158.75

<b>DOCUMENT # G09330</b> 1. Entity Name <b>SPECIAL CARE, INC.</b>					
Principal Place of Business <b>600 W. 20TH STREET 1200 PONCE DE LEON BLVD. HIALEAH, FL 33010 US</b>			Mailing Address <b>760 PONCE DE LEON BLVD MIAMI, FL 33134 US</b>		
2. Principal Place of Business - No P.O. Box # <b>760 Ponce De Leon Blvd.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Coral Gables, FL</b>		City & State		4. FEI Number <b>59-2363337</b>	
Zip <b>33134</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRACERAS, WILFRED 600 W 20TH ST. HIALEAH, FL 33010</b>			7. Name and Address of New Registered Agent Name <b>Braceras, Wilfred</b> Street Address (P.O. Box Number is Not Acceptable) <b>760 Ponce De Leon Blvd.</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>		
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.  <div style="text-align: center;"> <b>Wilfred Braceras, Pres &amp; CEO</b> </div> SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BRACERAS, WILFRED 600 W. 20TH ST. HIALEAH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Braceras, Wilfred 760 Ponce De Leon Blvd. Coral Gables, FL 33134 <input checked="" 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 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.					
<b>SIGNATURE: Wilfred Braceras, Pres &amp; CEO</b> <i>04/11/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					