

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L76226

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** EXCLUSIVE HOME CARE, INC.

**Current Principal Place of Business:**

12781 SW 42 ST  
SUITE I  
MIAMI, FL 33175

**New Principal Place of Business:**

4195 SW 137 AVE  
SUITE 4  
MIAMI, FL 33175

**Current Mailing Address:**

12781 SW 42 ST  
SUITE I  
MIAMI, FL 33175

**New Mailing Address:**

4195 SW 137 AVE  
SUITE 4  
MIAMI, FL 33175

**FEI Number:** 65-0202448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GONZALEZ, EVELIA A  
11770 SW 35 TERR  
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GONZALEZ, EVELIA A  
Address: 4195 SW 137 AVE SUITE 4  
City-St-Zip: MIAMI, FL 33175

I hereby 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 all other like empowered.

SIGNATURE: EVELIA GONZALEZ

OWNE

03/22/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date