2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

DOCUMENT # P0000036972 1. Entity Name MERCEDITAS HOME CARE INC.				Secretary of State			
	e of Business OTH STREET 3145 _	Mailing Address 2170 S.W. 20TH STREET MIAMI, FL 33145	•				
			· · · · · · · · · · · · · · · · · · ·				
DO NOT WRITE IN THIS SPAC			CF	04262005	No Chg-P	CR2E034 (10/03)	
			-	4. FEI Numb 65-101 5. Certificate		Applied For Not Applicable	
Name and Address of Current Registered Agent				<u> </u>			
	ADALUPE 24TH AVE. 33125 -	DO NOT WRITE 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.							
Signature, typed or printed name of registered agont and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			icing \$5.	00 May Be ed to Fees			
10.	OFFICERS AND DIF	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLL, GUADALUPE 445 N.W. 24TH AVE. MIAMI, FL 33125		<u>[</u>		14000003 04/29 705 -1	342557 30060-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						,	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THÍS SP	ACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\sim						
12. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	s filing does not qualify for the exer a and accurate and that my signate and to execute this report as requir all other like empowered.	mption stated in Secure shall have the s ed by Chapter 607	ction 119.07(3) ame legal effec , Florida Statute	(i), Florida Statutes. I it as if made under or es; and that my name	further certify that the information ath, that I am an officer or director appears in Block 10 or Block 11 if	