

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P0300064192	
1. Entity Name MARTA HOME CARE INC.	

Principal Place of Business 6898 WEST 29 AVE. HIALEAH, FL 33018	Mailing Address 6898 WEST 29 AVE. HIALEAH, FL 33018
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 37-1482330	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MEDINA, EFRAIN
6898 WEST 29 AVE.
HIALEAH, FL 33018**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINA, EFRAIN 6898 WEST 29 AVE. HIALEAH, FL 33018
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12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

SIGNATURE: Efrain Medina **EFRAIN MEDINA
PRESIDENT** 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #