2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90176 001 ***150.00
01-31-2005 90176 003 *****5.00
01-31-2005 90176 002 *****8.75

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DOCUMENT # P04000096710

1. Entity Name
CARY CRIST HOME CARE, A.L.F., INC.

Principal Place of Business	Mailing Address
1706 SW 136TH PLACE MIAMI, FL 33175	1706 SW 136TH PLACE MIAMI, FL 33175

01212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1706 SW 136TH PlACE		1706 SW 136 TH PlACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami-Florida		City & State: Miami-Florida	
Zip: 33175	Country: USA	Zip: 33175	Country: USA

4. FEI Number: 20-1289491 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIVAS, CRISTiNA
1706 SW 136TH PLACE
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name: Cristina Rivas
Street Address (P.O. Box Number is Not Acceptable): 1706 SW 136TH PlACE
Miami FL.
City: FL Zip Code: 33175

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 agent 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 Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVAS, CRISTINA 1706 SW 136TH PLACE MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________ 01/27/05 (305)553 7491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #