

2005 FOR PROFIT CORPORATION ANNUAL REPORT

SEP 14 2005

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000142167 1. Entity Name SERAPHIM CARE, INC.			
Principal Place of Business 14871 SW 158TH STREET MIAMI, FL 33187		Mailing Address 14871 SW 158TH STREET MIAMI, FL 33187	
2. Principal Place of Business 601 W.E. 83rd Street		3. Mailing Address Suite, Apt. #, etc.	
City & State, Miami, Florida		City & State	
Zip 33138		Country USA	
4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAYEN, JULIETTE 14871 SW 158TH STREET MIAMI, FL 33187		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:		DATE: 7/22/05	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D PAYEN, JULIETTE 14871 SW 158TH STREET MIAMI, FL 33187	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input 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 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:		DATE: 7/22/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE DAY/TIME PHONE #</small>	