

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90075 029 \*\*\*150.00

**DOCUMENT # P05000060222**

1. Entity Name  
**TOTAL CARE HOME SERVICES, INC.**



Principal Place of Business  
 7220 NW 26TH ST SUITE 122  
 MIAMI, FL 33186  
 33166

Mailing Address  
 7220 NW 26TH ST SUITE 122  
 MIAMI, FL 33186  
 33166

66013800



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152006 Chg-P CR2E034 (11/05)

4. FEI Number  
 14-1928018

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145

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

*[Signature]*

PRESIDENT

4/14/06

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, 2006 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  
 PVST  
 DE LA CRUZ, GUSTAVO  
 215 SW 17TH AVE., SUITE 302  
 MIAMI, FL 33135  
 Delete  
 OLD ADDRESS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 Change  Addition

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 exemptions contained in Chapter 119, 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:

*[Signature]*

PRESIDENT

4/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #