## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2008 08:00 Al Secretary of State

	ANNUAL	REPORT				07, 2000 00:
DOCUMENT # P06000083277					S	ecretary of Si
1. Entity Name A NEW LIGHT HOME CARE INC.						
V MEAN F	JOHT HOWE CARE INC.			"		
Principal Plac	ce of Business	Mailing Address		1		
5970 NW 31		5970 NW 3RD ST.				
MIAMI, FL 3	33126	MIAMI, FL 33126				
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Ĺ	OO NOT WRITE	IN THIS SPA	CE			Applied For
			:	4. FEI Number 51-059		Not Applicable
	•			5. Certificate	of Status Desired	\$8.75 Additional
	6. Name and Address of Current Re	gistered Agent		<u> </u>	<u> </u>	Fee Required
						•
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MIAMI, FL 33126			E Contract	1-50	THIS SPA	
				"IIN"	ITIIO OFF	
			Jan M.			
	e named entity submits this statement for thations of registered agent,	e purpose of changing its registe	ared office or registe	red agent, or bo	th, in the State of Florida	a. I am familiar with, and accept
the Obliga	tions or registered about,					
SIGNATURE.	Signature, typed or printed name of registered agent and	little if applicable. (NQTE: Registe	ered Agent signalure require	id when reinstating)		DATE
					Heacon	
FiLE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing \$5. Trust Fund Contribution.  Add		04/18/08-	1885575 -80019-018 150.00
10.	OFFICERS AND DIF	ECTORS				,
TITLE NAME	PD CHIL, INE'S M			-	v. T	•
STREET ADDRESS			,			
CITY-ST-ZIP	MIAMI, FL 33126					
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STREET ADDRESS CITY-ST-ZIP						
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NAME.						P
STREET ADDRESS						
CITY-SI-ZIP					, , ,	
TITLE NAME				,	* * * * * * * * * * * * * * * * * * * *	
STREET ADDRESS						

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 trasted 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 an other like empowered.

SIGNATURE: \_

CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/08

Daytime Phone #