

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111739

FILED
Apr 15, 2009
Secretary of State

Entity Name: INDEPENDENT HOME CARE INC.

Current Principal Place of Business:

13899 BISCAYNE BLVD SUITE 145
NORTH MIAMI BEACH, FL 33181

New Principal Place of Business:

13899 BISCAYNE BLVD
SUITE 145
NORTH MIAMI BEACH, FL 33181

Current Mailing Address:

13899 BISCAYNE BLVD SUITE 145
NORTH MIAMI BEACH, FL 33181

New Mailing Address:

13899 BISCAYNE BLVD
SUITE 145
NORTH MIAMI BEACH, FL 33181

FEI Number: 20-5449668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELBERG, PAUL
3855 NE 168TH STREET
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

ELBERG, PAUL
20185 E COUNTRY CLUB DR
APT 909
AVENTURA, FL 33180 US

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.

SIGNATURE:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: KRUPOVLYANSKAYA, ANNA
Address: 3855 NE 168TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: CFO () Delete
Name: ELBERG, PAUL
Address: 3855 NE 168TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: CTO () Delete
Name: ELBERG, MIKHAIL
Address: 3855 NE 168TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: KRUPOVLYANSKAYA, ANNA
Address: 20185 E COUNTRY CLUB DR APT 909
City-St-Zip: AVENTURA, FL 33180

Title: CFO (X) Change () Addition
Name: ELBERG, PAUL
Address: 20185 E COUNTRY CLUB DR APT 909
City-St-Zip: AVENTURA, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL ELBERG

CFO

04/15/2009

Electronic Signature of Signing Officer or Director

Date