2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000072428

1. Entity Name
NATSTASSIA HOME CARE, INC.

Principal Place of Business

13251 SW 17TH LANE

MIAMI, FL 33175

STE. 1

Mailing Address

13251 SW 17TH LANE STE. 1

MIAMI, FL 33175

FILED Apr 05, 2004 08:00 AM Secretary of State



02062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0447073 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HERNANDEZ, ESTHER 13251 SW 17TH LANE STE. 1

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STE. 1 MIAMI, FL 33175			IN THIS SPACE		
8. The above the obligation	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or s	agistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered egent and tipe is	t applicable. (NOTE, Registered	Agent signature	required when reinstating)	DAYE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D HERNANDEZ, ESTHER 13251 SW 17TH LANE STE. 1 MIAMI, FL 33175			•	U00000102278 04/05/04-80009-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS		7 13 112			

12. I nereby certify that the information supplied with this filling 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:

City-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OF SEER OR DIRECTO

4-1-04

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