2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

ANNUAL REFURI		
DOCUMENT # P93000072428 1. Entity Name NATSTASSIA HOME CARE, INC.		
Principal Place of Business 13251 SW 17TH LANE STE. 1 MIAMI, FL 33175	Mailing Address 13251 SW 17TH LANE STE, 1 MIAMI, FL 33175	

No Chg-P CR2E034 (10/03) 03232005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0447073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, ESTHER DO NOT WRITE 13251 SW 17TH LANE STE. 1 IN THIS SPACE MIAMI, FL 33175 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000286411 Trust Fund Contribution. Added to Fees 04/04/05-80024-019 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME HERNANDEZ, ESTHER 13251 SW 17TH LANE STE, 1 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CMY-ST-ZIP TITLE NAME STREET ADDRESS

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:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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