


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000043590
 1. Entity Name
TENDER CARE SERVICES, INC.



Principal Place of Business Mailing Address
16703 S.W. 5TH COURT **16703 S.W. 5TH COURT**
WESTON, FL 33326 **WESTON, FL 33326**

DO NOT WRITE IN THIS SPACE



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0758564 Not Applicable

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

6. Name and Address of Current Registered Agent
GAINZA, RAYMOND
16703 SW 5TH CT
FORT LAUDERDALE, FL 33326

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

04/14/04-80052-021 1500.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GAINZA, GUYTELLE
STREET ADDRESS	16703 S.W. 5TH COURT
CITY-ST-ZIP	WESTON, FL 33326
TITLE	D
NAME	GAINZA, RAYMOND
STREET ADDRESS	16703 S.W. 5TH COURT
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Guytelle Gainza* **GUYTELLE GAINZA** 4/5/04 (954) 389-4873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #