

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2017
Secretary of State
CC2706258653

Entity Name: BLESSINGS CARE CORPORATION

Current Principal Place of Business:

175 NE 60 STREET
MIAMI, FL 33137

Current Mailing Address:

P.O. BOX 421931
MIAMI, FL 33242 US

FEI Number: 37-1668072

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIMINO, ADA
175 NE 60 STREET
MIAMI, FL 33137 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	S
Name	TRIMINO, ADA	Name	NOA, IVETTE
Address	P.O. BOX 421931	Address	175 NE 60 STREET
City-State-Zip:	MIAMI FL 33242	City-State-Zip:	MIAMI FL 33137
Title	T	Title	OFFICER
Name	VAZQUEZ-NOA, MARCIA	Name	VAZQUEZ, ERIK
Address	P.O. BOX 421931	Address	P.O. BOX 421931
City-State-Zip:	MIAMI FL 33242	City-State-Zip:	MIAMI FL 33242
Title	OFFICER		
Name	MCMILLAN, FRANQONE B		
Address	P.O. BOX 421931		
City-State-Zip:	MIAMI FL 33242		

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADA TRIMINO

PRESIDENT

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date