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

Electronic Signature of Signing Officer/Director Detail

Entity Name: BLESSINGS CARE CORPORATION

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1570 NW 133 STREET MIAMI, FL 33167

Current Mailing Address:

234 NW 44 STREET MIAMI. FL 33127 US

FEI Number: 37-1668072

Name and Address of Current Registered Agent:

TRIMINO, ADA 2175 NW 19 TERR #5 MIAMI, FL 33125 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

Officer/Director Detail :

Officer/Director Detail :			
Title	P	Title	S
Name	TRIMINO, ADA	Name	NOA, IVETTE
Address	1570 NW 133RD ST	Address	1570 NW 133RD ST
City-State-Zip:	NORTH MIAMI FL 33167	City-State-Zip:	NORTH MIAMI FL 33167
Title	Т	Title	OFFICER
Name	VAZQUEZ-NOA, MARCIA	Name	VAZQUEZ, ERIK
Address	1570 NW 133RD ST	Address	1570 NW 133 STREET
City-State-Zip:	NORTH MIAMI FL 33167	City-State-Zip:	MIAMI FL 33167

PRESIDENT

04/28/2014

Date

FILED Apr 28, 2014 Secretary of State CC1537320552

Certificate of Status Desired: No

Date