

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002704

**FILED**  
**May 02, 2016**  
**Secretary of State**  
**CC0285324391**

**Entity Name:** BLESSINGS CARE CORPORATION

**Current Principal Place of Business:**

175 NE 60 STREET  
MIAMI, FL 33137

**Current Mailing Address:**

175 NE 60 STREET  
MIAMI, FL 33137 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  
Name TRIMINO, ADA  
Address 1570 NW 133RD ST  
City-State-Zip: NORTH MIAMI FL 33167

Title S  
Name NOA, IVETTE  
Address 1570 NW 133RD ST  
City-State-Zip: NORTH MIAMI FL 33167

Title T  
Name VAZQUEZ-NOA, MARCIA  
Address 1570 NW 133RD ST  
City-State-Zip: NORTH MIAMI FL 33167

Title OFFICER  
Name VAZQUEZ, ERIK  
Address 1570 NW 133 STREET  
City-State-Zip: MIAMI FL 33167

*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**

**05/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date