

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K84517

Entity Name: A WOMAN'S CARE, INC.

Current Principal Place of Business:

68 N.E. 167 STREET
SUITE A
MIAMI, FL 33162

Current Mailing Address:

68 N.E. 167 STREET
SUITE A
MIAMI, FL 33162

FEI Number: 65-0122192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SENISES, SIOMARA
3500 FAIRFAX LN
DAVIE, FL 33330 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	VP	Title	P
Name	SENISES, SIOMARA	Name	PEGUERO, MARIA
Address	3500 FAIR FAX LN	Address	18794 NW 80 AVE.
City-State-Zip:	DAVIE FL 33330	City-State-Zip:	MIAMI FL

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

SIGNATURE: SIOMARA SENISES

VP

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date