## 2013 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

FILED Apr 09, 2013

**Secretary of State** 

CC0026184816

## Officer/Director Detail:

Title VP Title

NameSENISES, SIOMARANamePEGUERO, MARIAAddress3500 FAIR FAX LNAddress18794 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

**PRESIDENT** 

04/09/2013