

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000021251

**Entity Name:** CAIRO HOME CARE, INC.

**Current Principal Place of Business:**

5300 WEST ATLANTIC AVENUE  
SUITE 305  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

15071 SW 20TH ST  
MIRAMAR, FL 33027 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAIRO, REBECCA  
5300 WEST ATLANTIC AVENUE  
SUITE 303  
DELRAY BEACH,, FL 33484 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 PSTD  
Name CAIRO, REBECCA  
Address 5300 WEST ATLANTIC AVENUE  
SUITE 303  
City-State-Zip: DELRAY BEACH, FL 33484

*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:** REBECCA CAIRO

**PRESIDENT**

**04/30/2014**

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

\_\_\_\_\_ Date