

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058402

Entity Name: AGAPE SENIOR CARE, INC.

Current Principal Place of Business:

4055 N.W. 17TH AVENUE
MIAMI, FL 33242

Current Mailing Address:

P.O. BOX 420186
MIAMI, FL 33242 US

FEI Number: 26-0313213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, TYRONE
4055 NW 17TH AVENUE
MIAMI, FL 33142 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 PRES
Name JONES, TYRONE
Address 4055 N.W. 17TH AVENUE
City-State-Zip: MIAMI FL 33242

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: TYRONE JONES

PRESIDENT

09/08/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date