

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000105991

Entity Name: MAAGA'S CARE INC.

Current Principal Place of Business:

12275 LAKESHORE DR.
APT. 21
CANAL POINT, FL 33438-0552

Current Mailing Address:

12275 LAKESHORE DR.
APT. 21
CANAL POINT, FL 33438-0552 US

FEI Number: 35-2351506

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JENKINS, DEVORE
12275 LAKESHORE DR.
CANAL POINT, FL 33438-0552 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: DEVORE JENKINS

04/19/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name JENKINS, DEVORE
Address 12275 LAKESHORE DR.
APT. 21
City-State-Zip: CANAL POINT FL 33438-0552

Title VP
Name JENKINS, DEVORE
Address 12275 LAKESHORE DR.
APT. 21
City-State-Zip: CANAL POINT FL 33438-0552

Title SEC
Name JENKINS, DEVORE
Address 12275 LAKESHORE DR.
APT. 21
City-State-Zip: CANAL POINT FL 33438-0552

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: DEVORE JENKINS

OWNER/OPERATOR

04/19/2019

Electronic Signature of Signing Officer/Director Detail

Date