## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F78157

Entity Name: CUSTOM CARE, INC.

FILED Aug 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4500 OAK CIRCLE 105 NW 43 RD STREET BLDG B STE 2 BOCA RATON, FL 33431

BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

4500 OAK CIRCLE 105 NW 43RD STREET BLDG B STE 2 BOCA RATON, FL 33431 BOCA RATON, FL 33431

FEI Number: 59-2197000 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TROCCOLO, CAROLYN
4500 OAK CIRCLE BLDG B STE 2
BOCA RATON, FL 33431 US

TROCCOLO, CAROLYN
105 NW 43RD STREET
BOCA RATON, FL 33431 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: CAROLYN TROCCOLO 08/21/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 TROCCOLO, CAROLYN,
 Name:

 Address:
 1734 BRIDGEWOOD DR.
 Address:

 City-St-Zip:
 BOCA RATON, FL 33434
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROLYN TROCCOLO P 08/21/2007