

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F78157

Entity Name: CUSTOM CARE, INC.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1734 BRIDGEWOOD DR.  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 811826  
BOCA RATON, FL 33481

**New Mailing Address:**

FEI Number: 59-2197000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TROCCOLO, CAROLYN  
1734 BRIDGEWOOD DR.  
BOCA RATON, FL 33434 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TROCCOLO, CAROLYN  
Address: 1734 BRIDGEWOOD DR.  
City-St-Zip: BOCA RATON, FL 33434

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: CAROLYN TROCCOLO

P

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date