2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004976

1. Entity Name
TIM LESTER CARES, INC.

Principal Place of Business	Mailing Address
16341 NW 77 PLACE MIAMI LAKES, FL 33016	16341 NW 77 PLACE MIAMI LAKES, FL 33016

01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1027546
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LESTER, TIM
16341 NW 77 PLACE
MIAMI LAKES, FL 33016

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Tim Lester 4.25.04
Signature required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

000000139058
04/29/04-80105-025 70.00

10. OFFICERS AND DIRECTORS

TITLE	MD
NAME	LESTER, TIM
STREET ADDRESS	15428 SW 141ST STREET
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	SD
NAME	LESTER, NATALIE
STREET ADDRESS	15428 SW 141ST STREET
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	T
NAME	MAKENS, DENISE
STREET ADDRESS	19456 SW 103RD STREET
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VC
NAME	POUX, EMMANUEL
STREET ADDRESS	14511 HAMPTON PL
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	CD
NAME	CHARLES, MITCHELL
STREET ADDRESS	16562 SW 101 PLACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tim Lester 4.25.04 786 280-7247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #