

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002912

FILED
Jan 10, 2005
Secretary of State

Entity Name: FAMILIES R US CARE CENTERS, INC.

Current Principal Place of Business:

11865 SW 26 ST, UNIT G-10
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

11865 SW 26 ST, UNIT G-10
MIAMI, FL 33175

New Mailing Address:

FEI Number: 04-3640840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHEL, JACK J DR.
7845 ATLANTIC WAY
MIAMI BCH, FL 33141 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: PD () Delete
Name: MICHEL, JACK J
Address: 7845 ATLANTIC WAY
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: MUALIN, RICARDO
Address: 2235 W. 3RD CT.
City-St-Zip: MIAMI, FL 33014

Title: VD () Delete
Name: MICHEL, GEORGE
Address: 10620 SW 83 AVE.
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK J MICHEL

PD

01/10/2005

Electronic Signature of Signing Officer or Director

Date