2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P00000023525 07-12-2004 90017 007 ***558.75 1. Entity Name AAA HOME CARE, INC. Principal Place of Business Mailing Address 44048044 1893 E HILLSBORO BLVD 1898 HILLSBORO BLVD STE E DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address 1898 W. Hillsboro Blvd. 1898 W. Hillsborn Bird. Suite, Apt. #, etc. 07072004 Chg-P CR2E034 (10/03) Suite E Suite E City & State City & State 4. FEI Number Applied For Deerfield Beach Deerfield Beach 13-4205481 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33496 u sa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hevert Elizabeth HEVERT, ELIZABETH Street Address (PO, Box Number is Not Acceptable) 1898 HILLSBOROUGH BLVD STE E DEERFIELD BEACH, FL 33442 Zip Code 33496 Deerfield Beach 6. 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. nt and title if applicable (NOTE: Registered Agent signature regulred when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD PSTD ☐ Addition Defete TITLE TITLE ☐ Change Hevert Elizabeth CORRECTION NAME HEVERT, ELIZABETH NAME 1898 W. Hillsboro Blvd Ste.E 1898 HILLSBOROUGH BLVD STE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP Deerfield Beach IFL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 607, 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. 954-429-1424 7 561-715-1051 SIGNATURE: Date

FILED Jul 12, 2004 8:00 am