2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004
Secretary of State

DOCUMENT# P00000056703

Entity Name: HOME CARE DEPOT, INC.

Current Principal Place of Business:

2500 E. HALLANDALE BEACH BLVD.
SUITE O
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

2500 E. HALLANDALE BEACH BLVD.
SUITE O
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-1018825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GITER, INNA
17275 COLLINS AVENUE SUITE 309
SUNNY ISLES, FL 33160 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: M ( ) Delete
Name: SHADRIN, LUDALILA
Address: 2823 W 12TH ST #12G
City-St-Zip: BROOKLYN, NY 11228

Title: P ( ) Delete
Name: GITER, INNA
Address: 2306 NE 7 ST
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INNA GITER MS 03/23/2004

Electronic Signature of Signing Officer or Director Date