


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90151 028 ***150.00

DOCUMENT # P00000108053 1. Entity Name FAMILY CARE SERVICES, INC.																																			
Principal Place of Business 9370 SW 72ND ST. A-270 MIAMI, FL 33173		Mailing Address 11351 SW 43RD STREET MIAMI, FL 33165																																	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 9370 S.W. 72nd Street Suite, Apt. #, etc. A-270 City & State Miami, FL Zip Country 33173 USA																																	
4. FEI Number 65-1065282		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent RAMOS, HENRY 11351 SW 43RD STREET MIAMI, FL 33165		7. Name and Address of New Registered Agent Name Henry Ramos Street Address (P.O. Box Number is Not Acceptable) 8700 S.W. 15th Terrace City Miami FL Zip Code 33165																																	
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 <u>Henry Ramos</u> <u>Henry Ramos, President</u> <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">PD</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td>RAMOS, HENRY</td> <td>11351 SW 43RD STREET</td> <td>MIAMI, FL 33165</td> <td></td> </tr> </table>		TITLE	PD	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete			RAMOS, HENRY	11351 SW 43RD STREET	MIAMI, FL 33165		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td>8700 S.W. 15th Terrace</td> <td>Miami, FL 33165</td> <td></td> </tr> <tr> <td></td> <td>SD</td> <td>Maria I Suarez</td> <td>8700 S.W. 15th Terrace</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td>Miami, FL 33165</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			8700 S.W. 15th Terrace	Miami, FL 33165			SD	Maria I Suarez	8700 S.W. 15th Terrace	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			Miami, FL 33165		
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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 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.		SIGNATURE: <u>Henry Ramos</u> <u>Henry Ramos</u> <u>4/26/05</u> <u>305-279-5424</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	