2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# P00000108053

Entity Name: FAMILY CARE SEVICES, INC.

Current Principal Place of Business:

9370 SW 72ND ST.
A-270
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9370 SW 72ND ST.
A-270
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-1065282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMOS, HENRY
8700 SW 19TH TERRACE
MIAMI, FL 33165 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: PD ( ) Delete
Name: RAMOS, HENRY
Address: 8700 SW 19TH TERRACE
City-St-Zip: MIAMI, FL 33165

Title: SD (X) Delete
Name: JUAREZ, MARIA
Address: 8700 SW 19TH TERRACE
City-St-Zip: MIAMI, FL 33165

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 Chapter 119, 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: HENRY RAMOS PD 04/24/2007

Electronic Signature of Signing Officer or Director Date