

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000110935

1. Entity Name
COMFORT CARE HOLLYWOOD, INC.



FILED

05 MAY -5 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5890 SW 8 ST
MIAMI, FL 33144

Mailing Address
5890 SW 8 ST
MIAMI, FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1066722

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES, GLADYS I
5890 SW 8 ST
MIAMI, FL 33144

Name
ORLANDO J. VALDES

Street Address (P.O. Box Number is Not Acceptable)

5890 SW 8 ST

City
MIAMI

FL

Zip Code
33144

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

Orlando J. Valdes

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

4-26-05

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
VALDES, GLADYS I
STREET ADDRESS
5890 SW 8 ST
CITY-ST-ZIP
MIAMI, FL 33144

☒ Delete

TITLE
NAME
PRESIDENT
ORLANDO J. VALDES
STREET ADDRESS
5890 S.W. 8 ST
CITY-ST-ZIP
MIAMI, FL 33144

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Orlando J. Valdes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-05