

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000033175

1. Entity Name
ABLE CARE HEALTH SUPPORT CENTER, INC.



Principal Place of Business
2036 SW 1ST ST.
MIAMI, FL 33135

Mailing Address
2036 SW 1ST ST.
MIAMI, FL 33135



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1092722

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEGUERO, FELATIA
18701 NW 77 CT.
MIAMI, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000347709
04/30/05-80126-023 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
PEGUEROS, FELICITA
18701 NW 77 CT.
MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPSD
SANCHEZ, NOLBERTO
149 E. 3RD ST APT. 407
HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/05 (305) 5412346