

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056038

FILED  
Mar 28, 2008  
Secretary of State

Entity Name: PERSONAL CARE SERVICES, INC.

## Current Principal Place of Business:

13780 SW 56 ST  
223 & 244  
MIAMI, FL 33175

## New Principal Place of Business:

14850 SW 26 ST  
205  
MIAMI, FL 33133

## Current Mailing Address:

13780 SW 56 ST  
223 & 224  
MIAMI, FL 33175

## New Mailing Address:

15662 SW 9 LN  
MIAMI, FL 33194

FEI Number: 65-1117261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RAMOS, ERIK  
15662 SW 9 LN  
MIAMI, FL 33194 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: P ( ) Delete  
Name: RAMOS, ERIK  
Address: 15662 SW 9 LN  
City-St-Zip: MIAMI, FL 33194

Title: VP (X) Delete  
Name: RAMOS, CARLOS L  
Address: 8700 SW 19 TERRACE  
City-St-Zip: MIAMI, FL 33175

## 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 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: ERIK RAMOS

P

03/28/2008

Electronic Signature of Signing Officer or Director

Date