

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000005223

1. Entity Name
HUMANITY CARE, CORP.



Principal Place of Business
8650 SW 133 AVE RD # 419
MIAMI, FL 33183

Mailing Address
PO BOX 560211
MIAMI, FL 33256

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08142008

Chg-P

CR2E034 (12/06)

4. FEI Number
26-0037899

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

MARIA JOSEFINA GORI
8650 SW 133 AVE RD # 419
MIAMI, FL 33183

Name

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

City

FL

Zip Code

*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

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
STREET ADDRESS
CITY - ST - ZIP
PSD
MARTHA, MARTINEZ L
8650 SW 133 AVE RD # 419
MIAMI, FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
MARIA JOSEFINA GORI
8650 SW 133 AVRD No 419
MIAMI, FL 33183 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400134950374
08/26/08--01005--010 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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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 exemptions contained 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 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 an other like empowered.

SIGNATURE:

Marta Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/08 786 478 2310
Date Daytime Phone #

FILED

08 AUG 19 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

