


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90496 029 ***150.00

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DOCUMENT P 02000021121
 1. Entity Name
PERSONAL CARE, INC.



Principal Place of Business Mailing Address
410 E HALLANDALE BEACH BLVD SUITE 205 HALLANDALE BEACH FL 33009 **410 E HALLANDALE BEACH BLVD SUITE 205 BEACH HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

4. FEI Number **010616855** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NAOMI KATZ
410 E HALLANDALE BEACH BLVD SUITE 205 HALLANDALE BEACH FL 33009

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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 Naomi Katz Naomi Katz - President 4/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST NAOMI KATZ 410 E HALLANDALE BEACH BLVD #205 HALLANDALE BEACH FL 33009
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Naomi Katz Naomi Katz 4/16/04 954-455-2997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #