


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90422 002 ***150.00

DOCUMENT # P02000021121
1. Entity Name
PERSONAL CARE, INC.



DO NOT WRITE IN THIS SPACE

14014649

2. Principal Place of Business
410 E HALLANDALE BEACH BLVD
Suite, Apt. #, etc.
SUITE 205

3. Mailing Address
410 E HALLANDALE BEACH BLVD
Suite, Apt. #, etc.
SUITE 205

DO NOT WRITE IN THIS SPACE

4. FEI Number
01 0616855 Applied For Not Applicable

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

City & State
HALLANDALE BEACH FL HALLANDALE BEACH FL

Zip
33009 Country
USA 33009 USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KATZ NAOMI

Street Address (P.O. Box Number is Not Acceptable)
410 E HALLANDALE BEACH BLVD

SUITE 205

City
HALLANDALE BEACH FL Zip Code
33009

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE	<u>DPST</u>	TITLE	
NAME	<u>KATZ NAOMI</u>	NAME	
STREET ADDRESS	<u>410 E HALLANDALE BEACH BLVD</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>SUITE 205</u> <u>HALLANDALE FL 33009</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Naomi Katz NAOMI KATZ 4/29/05 954-455-2997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2FC34R (1/2/02)