

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90017 047 \*\*\*150.00

**DOCUMENT # P02000028676**

1. Entity Name  
**GEMA HOME-CARE, INC.**



Principal Place of Business

**100 SW 52TH AVE  
MIAMI, FL 33134**

Mailing Address

**100 SW 52TH AVE  
MIAMI, FL 33134**

**50007604**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**01-0637144**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MEDINA, MARIA G  
14031 SW 39TH STREET  
MIAMI, FL 33175**

7. Name and Address of New Registered Agent

Name **MEDINA MARIA G**  
Street Address (P.O. Box Number is Not Acceptable)  
**13315 SW 47 ST**  
City **Miami** FL Zip Code **33175**

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, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME **P DIAZ, JOSE O**  
STREET ADDRESS **765 SE 11TH PLACE**  
CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE ☒ Delete  
NAME **VP MEDINA, PEDRO R**  
STREET ADDRESS **13315 SW 47TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE ☐ Delete  
NAME **TS MEDINA, MARIA G**  
STREET ADDRESS **14031 S.W. 39TH ST.**  
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **V.P.T.S MARIA G medina**  
STREET ADDRESS **13315 SW 47 ST**  
CITY-ST-ZIP **MIAMI FL 33175**

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

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

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

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

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/22/06**

Date

**786-786-9988**

Daytime Phone #