

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000043865

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** ROSAIRE'S QUALITY CARE INC.

**Current Principal Place of Business:**

540 NW 165TH STREET ROAD  
SUITE 305-A  
NORTH MIAMI BEACH, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

128 NE 184TH TERRACE  
MIAMI GARDENS, FL 33179

**New Mailing Address:**

**FEI Number:** 68-0499623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIVIER, ROSAIRE C  
128 NE 184TH TERRACE  
MIAMI GARDENS, FL 33179 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CANTAVE, ROSAIRE  
Address: 128 NE 184TH TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33179

Title: VP  
Name: OLIVIER, AGLYAU  
Address: 128 NE 1814 TERRCE  
City-St-Zip: MIAMI GARDENS, FL 33179

I hereby 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 all other like empowered.

SIGNATURE: ROSAIRE CANTAVE

PRES

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date