

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000072140

Entity Name: CARI HOME CARE, INC.

FILED  
Apr 11, 2005  
Secretary of State

## Current Principal Place of Business:

1452 N KROME AVE  
SUITE 101F  
FLORIDA CITY, FL 33034

## New Principal Place of Business:

## Current Mailing Address:

1452 N KROME AVE  
SUITE 101F  
FLORIDA CITY, FL 33034

## New Mailing Address:

FEI Number: 03-0466465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CABRERA, IDA T  
31400 SW 208 COURT  
HOMESTEAD, FL 33030 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: PD ( ) Delete  
Name: CABRERA, IDA T  
Address: 31400 SW 208 COURT  
City-St-Zip: HOMESTEAD, FL 33030

Title: VP ( ) Delete  
Name: MARTINEZ, ISEPHINE  
Address: 8235 SW 102 AVENUE  
City-St-Zip: MIAMI, FL 33173

Title: S ( ) Delete  
Name: CABRERA, VALERY G  
Address: 31400 SW 208 COURT  
City-St-Zip: HOMESTEAD, FL 33030

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: CABRERA, ELIO  
Address: 31400 SW 208 COURT  
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: IDA CABRERA

PD

04/11/2005

Electronic Signature of Signing Officer or Director

Date