

2005
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # p02000076061	
1. Entity Name	
DAISY CUIDADO DE ANCIANOS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6510 NW 2ND AVE Suite, Apt. #, etc.		3. Mailing Address 6510 nw 2nd avenue Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State miami, florida	
Zip 33126	Country miami-dade	Zip 33126	Country miami-miami

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1616081		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name daisy misa	
Street Address (P.O. Box Number is Not Acceptable) 6510 nw 2 ave	
City miami	Zip Code 33126

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	pstd daisy misa 6510 nw 2 ave miami, fl 33126
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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)(l), 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:

Daisy Misa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

daisy misa, pres

4/28/2005

Date

Daytime Phone #