


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90019 031 \*\*\*150.00

**DOCUMENT # P02000082838**

1. Entity Name  
**SCHWARTZ HOME CARE, INC.**



Principal Place of Business <b>6412 N. UNIVERSITY DR.          SUITE 131          TAMARAC, FL 33321</b>	Mailing Address <b>6412 N. UNIVERSITY DR.          SUITE 131          TAMARAC, FL 33321</b>
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**94017009**



2. Principal Place of Business <b>4121 NW 5th St</b>	3. Mailing Address <b>4121 NW 5th St</b>
Suite, Apt. #, etc. <b>Suite 208</b>	Suite, Apt. #, etc. <b>Suite 208</b>
City & State <b>Plantation FL</b>	City & State <b>Plantation FL</b>
Zip <b>33317</b>	Zip <b>33317</b>
Country <b>USA</b>	Country <b>USA</b>

01112004 Chg-P CR2E034 (10/03)

4. FEI Number <b>61-1422539</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>SCHWARTZ, HOWARD          6412 N. UNIVERSITY DR.          SUITE 131          TAMARAC, FL 33321</b>	7. Name and Address of New Registered Agent Name <b>Howard Schwartz</b> Street Address (P.O. Box Number is Not Acceptable) <b>4121 NW 5th St</b> <b>Suite 208</b> City <b>Plantation</b> FL Zip Code <b>33317</b>
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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 **Howard Schwartz, President** *[Signature]* DATE **2/3/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, HOWARD 6412 N. UNIVERSITY DR. CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD schwartz, Howard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4121 NW 5th St Suite 208 Plantation, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Howard Schwartz** *[Signature]* **Howard Schwartz** President **2/3/04** **954-598-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #