

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90244 048 ***150.00

DOCUMENT # P02000098997

1. Entity Name

CIRA HOME CARE INC.



Principal Place of Business

870 N.E. 5TH STREET
HIALEAH FL 33010

Mailing Address

870 N.E. 5TH STREET
HIALEAH FL 33010

2. Principal Place of Business

CIRA Home CARE INC

3. Mailing Address

CIRA Home CARE INC

Suite, Apt. #, etc.

870 E 5 ST

Suite, Apt. #, etc.

870 E 5 ST

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33010

Country

U.S.

Zip

33010

Country

U.S.



MOORE

CR2E034 (11/03)

4. FEI Number

05-0534506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAZO, CIRA
4051 N.W. 5TH STREET
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

SAHELI OCHOA

Street Address (P.O. Box Number is Not Acceptable)

5702 W 2 ave

City

Hialeah

FL

Zip Code

33012

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

SAHELI OCHOA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME OCHOA, SAHELI
STREET ADDRESS 870 N.E. 5TH STREET
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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

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 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:

SAHELI OCHOA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

(786) 853-7250

Daytime Phone #