

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118448

Entity Name: TAX CARE,INC.

FILED
Apr 19, 2011
Secretary of State

Current Principal Place of Business:

417 CENTER POINTE CIRCLE
SUITE 1737
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

417 CENTER POINTE CIRCLE
SUITE 1737
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 22-3881352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, DANIEL
417 CENTER POINTE CIRCLE
SUITE 1737
ALTAMONTE SPRINGS, FL 32701 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: PSD
Name: ALVAREZ, MOISES
Address: 417 CENTER POINTE CIRCLE SUITE 1737
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: T
Name: HERRERA OCHOA, VERONICA
Address: 604 STARKE LAKE CIR
City-St-Zip: OCOEE, FL 34761 US

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: MOISES ALVAREZ

PSD

04/19/2011

Electronic Signature of Signing Officer or Director

Date