

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90036 035 ***150.00

DOCUMENT # P03000005762

1. Entity Name

MILY HOME CARE CORP.



Principal Place of Business

17778 S.W. 145TH AVENUE
MIAMI FL 33177

Mailing Address

17778 S.W. 145TH AVENUE
MIAMI FL 33177



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3891691

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALES, ALDO
14274 S.W. 9TH TERRACE
MIAMI FL 33184

Name

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

City

FL

Zip Code

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]

ALDO MORALES

7-18-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 ←

After May 1, 2005 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 P ☐ Delete
NAME MORALES, ALDO
STREET ADDRESS 14274 S.W. 9TH TERRACE
CITY-ST-ZIP MIAMI FL 33184

TITLE V ☒ Delete
NAME MORALES, MILADYS S
STREET ADDRESS 14274 S.W. 9TH TERRACE
CITY-ST-ZIP MIAMI FL 33184

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
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-05

Date

Daytime Phone #

July 25, 2005. ATTACHMENT

50059410
P03000005762

FLORIDA DEPARTMENT OF STATE.

REF: WAIVE OF FEE FOR (AR)

TO WHOM IT MAY CONCERN:

This is to request that the Late Fee be
WAIVED due that this application was received
on July 18, 2005. I called in to advise
of the arrival date and I was told that
a letter must be attached to the (AR)
for them to waive the fee.

Thank you!

Amorales

ALDO AMORALES, owner.