

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90233 046 ***150.00

DOCUMENT # P03000018153

1. Entity Name
GUARDIAN CARE SERVICES OF LAS VEGAS, INC.



Principal Place of Business
**5155 HAYWARD AVENUE
LAS VEGAS, NV 89122**

Mailing Address
**5155 HAYWARD AVENUE
LAS VEGAS, NV 89122**

94074630



2. Principal Place of Business
3838 RAYMERT DRIVE
Suite, Apt. #, etc.
310

3. Mailing Address
5155 HAYWARD AVE.
Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State
LAS VEGAS, NEVADA

City & State
LAS VEGAS, NEVADA

4. FEI Number
16-1655996

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BILBAO, ERKYS M
14590 SW 37TH STREET
MIRAMAR, FL 33027**

7. Name and Address of New Registered Agent
Name
ERKYS BILBAO
Street Address (P.O. Box Number is Not Acceptable)
4285 SW 185 AVE.
City
MIRAMAR FL Zip Code
33029

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 **E. Bilbao** **ERKYS Bilbao Pres.** DATE **4-22-04**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPVT	<input type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BILBAO, ERKYS M			NAME	ERKYS Bilbao		
STREET ADDRESS	14590 SW 37TH STREET			STREET ADDRESS	4285 SW 185 AVE		
CITY-ST-ZIP	MIRAMAR, FL 33027			CITY-ST-ZIP	MIRAMAR, FLA 33029		
TITLE	S	<input type="checkbox"/> Delete		TITLE	V.P. Alexander C. Bilbao	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	YARZA, MARGARITA C			NAME	4285 SW 185 AVE		
STREET ADDRESS	5155 HAYWARD AVE.			STREET ADDRESS	MIRAMAR FLA 33029		
CITY-ST-ZIP	LAS VEGAS, NV 89122			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Alexander C. Bilbao		
STREET ADDRESS				STREET ADDRESS	4285 SW 185 AVE.		
CITY-ST-ZIP				CITY-ST-ZIP	MIRAMAR FLA 33029		
TITLE		<input type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME	MARGARITA YARZA		
STREET ADDRESS				STREET ADDRESS	5155 HAYWARD AVE		
CITY-ST-ZIP				CITY-ST-ZIP	L.V. NEVADA 89122		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **E. Bilbao Pres. ERKYS M. Bilbao** DATE **4-22-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 819-1000