

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000018153

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



Principal Place of Business

**3838 RAYMERT DR
310
LAS VEGAS, NV 89121**

Mailing Address

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



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1655996

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BILBAO, ERKYS M
3731 SW 144TH AVE.
MIRAMAR, FL 33027**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BILBAO, ERKYS M
STREET ADDRESS	3731 SW 144TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	VP
NAME	BILBAO, ALEXANDER C
STREET ADDRESS	13728 SW 31ST STREET
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	S
NAME	YARZA, MARGARITA C
STREET ADDRESS	5155 HAYWARD AVE
CITY-ST-ZIP	LAS VEGAS, NV 89122
TITLE	T
NAME	BILBAO, ALEXANDER C
STREET ADDRESS	3731 SW 144TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	S
NAME	YARZA, MARGARITA
STREET ADDRESS	5155 HAYWARD AVE
CITY-ST-ZIP	LAS VEGAS, NV 89122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/18/07-80033-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-7 786 4126372