


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P03000018159 1. Entity Name GUARDIAN CARE SERVICES OF BROWARD, INC.	
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Principal Place of Business 3350 SW 148 AVE 204 MIRAMAR, FL 33027	Mailing Address 3731 SW 144TH AVENUE MIRAMAR, FL 33027
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04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1655983	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BILBAO, ERKYS M 3731 SW 144TH AVENUE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

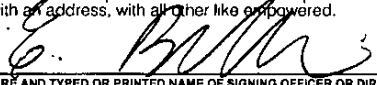
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BILBAO, ERKYS M 3731 SW 144TH AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BILBAO, ERKYS M 3731 SW 144TH AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BILBAO, ALEXANDER 13728 SW 31ST STREET MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BILBAO, ALEXANDER 13728 SW 31ST STREET MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BILBAO-RIVERO, MAITE E 13788 SW 31ST STREET MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/18/07-80033-003 150.00

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 786426372