

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000036370

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** SHERI'S CARING PLACE, INC.

**Current Principal Place of Business:**

7040 FILLMORE ST  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

7040 FILLMORE ST  
HOLLYWOOD, FL 33024

**New Mailing Address:**

**FEI Number:** 06-1693827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAYUNGBE, ALBERT  
2967 SW 161 AVENUE  
MIRAMAR, FL 33027 US

**Name and Address of New Registered Agent:**

MAYUNGBE, ALBERT CPA  
2967 SW 161 AVENUE  
MIRAMAR, FL 33027 US

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: ALBERT A MAYUNGBE

04/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ADM  
Name: ORUKOTAN, SHERIFAT  
Address: 7040 FILLMORE ST  
City-St-Zip: HOLLYWOOD, FL 33024

Title: AADM  
Name: ORKOTAN, ABIMBOLA  
Address: 6663 SW 41ST PLACE  
City-St-Zip: DAVIE, FL 33314

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: SHERIFAT ORUKOTAN

ADM

04/06/2011

Electronic Signature of Signing Officer or Director

Date