


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90140 016 ***150.00

DOCUMENT # P03000039157	
1. Entity Name Joba Care Corporation.	

DO NOT WRITE IN THIS SPACE

40029852

2. Principal Place of Business 26708 SW 128th Court <small>Suite, Apt. #, etc.</small>	3. Mailing Address 26708 SW 128th Court <small>Suite, Apt. #, etc.</small>
City & State Homestead, FL	City & State Homestead, FL
Zip 33032	Country Miami-Dade
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DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0685534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Jose Ricardo Ramos	
	Street Address (P.O. Box Number is Not Acceptable) 26708 SW 128th Court	
	City Homestead,	FL Zip Code 33032

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 Jose Ricardo Ramos **DATE** 3-8-05
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ramos, Jose Ricardo 26708 SW 128th Court Homestead, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Hernandez, Barbara 26708 SW 128th Court Homestead, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jose Ricardo Ramos **DATE** 3-8-05 **Daytime Phone #** (786) 246 2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)