

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000066504

1. Entity Name
IDEAL CARE NETWORK INC.



FILED

06 AUG 11 PM 3:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



08102006 Chg-P CR2E034 (11/05)

Principal Place of Business
**7944 S.W. 8TH ST.
MIAMI, FL 33144**

Mailing Address
**7944 S.W. 8TH ST.
MIAMI, FL 33144**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3777703

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**PALACIOS, MIGUEL H
7944 S.W. 8TH ST.
MIAMI, FL 33144**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALACIOS, MIGUEL H 7944 S.W. 8TH ST. MIAMI, FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100078884971 08/18/06--01045--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PALACIOS, MIGUEL H 7944 S.W. 8TH ST. MIAMI, FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALACIOS, MICHELLE C 7944 S.W. 8TH ST. MIAMI, FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALACIOS, FRANCISCO 7944 SW 8TH STREET MIAMI, FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: (NOTE: Registered Agent signature required when reinstating) DATE

K. Eckel AUG 11 2006