

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

07-08-2005 90026 045 ***150.00

DOCUMENT # P03000068456 1. Entity Name FIRST CARE HOME SERVICES, INC.					
Principal Place of Business 2040 NE 163RD ST SUITE 303 N MIAMI BEACH, FL 33162			Mailing Address 2040 NE 163RD ST SUITE 303 N MIAMI BEACH, FL 33162		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		4. FEI Number APPLIED FOR 57-1173645	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent MCLEAN, LISIA 5243 ALTON ROAD MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEAN, LISIA 5243 ALTON ROAD MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLEAN, CLAUDIA 5243 ALTON ROAD MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCLEAN, DIANA 5243 ALTON ROAD MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCLEAN, STACEY 5243 ALTON ROAD MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ 7/6/05 305-945-9025 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66025306



ATTACHMENT

66025372



First Care Home Services, Inc.

July 26, 2005

Annual Reports Section
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Subject: **First Care Home Services Inc.**

Reference Number: **P030000684556**

Our annual report was filed late due to the fact that we did not receive the notice by mail. To avoid such error in the future we have opened a post office box for incoming mail. I hope the late fee can be waived considering I did not receive the prior notice.

our mailing address:
P.O. Box 640342
Miami, FL 33164

Thanks in advance for your assistance, if you have any further questions please do not hesitate to contact me at 305 945-9025

Sincerely,

A handwritten signature in black ink, appearing to read "Claudia McLean", written over a horizontal line.

Claudia McLean
Vice President