2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# P03000071578

Entity Name: TIME IS CARE, CORP.

Current Principal Place of Business:

19010 NW 44 AVENUE
OPA LOCKA, FL 33055

New Principal Place of Business:

Current Mailing Address:

19010 NW 44TH AVENUE
OPA LOCKA, FL 33055

New Mailing Address:

FEI Number: 65-1194386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, ENUMELIA
19010 NW 44TH AVENUE
OPA LOCKA, FL 33055 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HERNANDEZ, ENUMELIA
Address: 19010 NW 44TH AVENUE
City-St-Zip: OPA LOCKA, FL 33055

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: JIMENEZ, ELIZABETH
Address: 19010 NW 44TH AVENUE
City-St-Zip: OPA LOCKA, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ENUMELIA HERNANDEZ P 07/01/2009

Electronic Signature of Signing Officer or Director Date