

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000071578

**FILED**  
**Jul 01, 2011**  
**Secretary of State**

**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

**OFFICERS AND DIRECTORS:**

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

**Title:** VP  
**Name:** JIMENEZ, ELIZABETH  
**Address:** 19010 NW 44TH AVENUE  
**City-St-Zip:** OPA LOCKA, FL 33055

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:** ENUMELIA HERNANDEZ

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07/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date