


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 05, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90003 021 \*\*\*150.00

**DOCUMENT # P03000080355**

1. Entity Name  
**LAS FLORES CARE CENTER INC.**



Principal Place of Business      Mailing Address  
 4960 NW 188 TERR      4960 NW 188 TERR  
 OPALOCKA, FL 33055      OPALOCKA, FL 33055

00000100



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

06302005      Chg-P **AC**      CR2E034 (10/03)

4. FEI Number  
~~65-0862937~~ **86-1075898**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CASTRO, ANTONIO**  
**4960 NW 188 TERR**  
**OPALOCKA, FL 33055**

**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 *[Signature]*      DATE

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>CASTRO, ANTONIO E</b>
STREET ADDRESS	<b>4960 NW 188 TERR</b>
CITY-ST-ZIP	<b>OPALOCKA, FL 33055</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

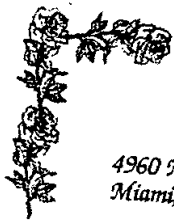
**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

*[Signature]*



4960 N.W. 188 Terrace  
Miami, Florida 33055

ATTACHMENT

Las Flores Care Center  
Resident & Day Care (A.L.F.)  
Centro de Cuidado Familiar

POB 000080355  
50060130



Tel: (305) 622-8884  
Cell: (786) 853-8884

Annual Report  
Division of Corporations  
Tallahassee, FL. 32302-1500

Dear Sirs I like you to wane the extra Fee  
as I did not received any letter at the  
begining of The year and I just notice  
there has been an error with the company  
FEI # number. I spoke with Jessica and  
told me the rules to follow I thank you so  
much.

Antonio Costa



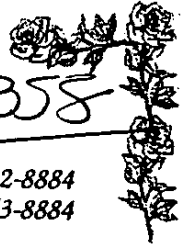
Las Flores Care Center  
 Resident & Day Care (A L F)  
 Centro de Cuidado Familiar

4960 N.W. 188 Terrace  
 Miami, Florida 33055

ATTACHMENT

PP3000010358


50060130 Tel: (305) 622-8884  
 Cell: (786) 853-8884



7/3/05

Annual Report  
 Division of Corporations  
 Tallahassee, FL 32302-1500

Dear Sirs I've just discovered an error when  
 I went to open a Bank account at Bank of  
 America dear sir's I would like you to  
 correct this error my FEI # 86-1075898  
 not the one shown on the report.  
 The Bank clerk told me that I had  
 to corrected with you folks, I thank you  
 so much.

Yours truly  


50060130

**Account Number, Title and Address**

0855 0560 1187 FL

LAS FLORES CARE CENTER INC

4950 NW 188TH TER

OPA LOCKA FL 33055-8436

**Summary Information**

Item	Details
Available Balance	9302.21
Current Balance	9302.21
Last Deposit Amount	9100.00
Last Deposit Date	07/19/05
Opened Date	* ERROR 06/20/05
Closed Date	00/00/00
Last Statement Date	07/31/05
Last Address Change Date	06/20/05
Cost Center	0189341
Associate	EP4SR
Tax ID Number	65-0862937
Status	NORMAL-OPEN
Stop Payments	0
Overdraft Protection	NO
Overdrafts	0/30 1/90 1/365
Non-Sufficient Funds	0/30 0/90 0/365

- Account Options**
- Inquiry  Services
- Account Balance Info
  - Account Details Info
  - Account Transaction History
  - Address Info
  - Associate/Cost Center Info
  - Check Order Info
  - Fee Profile
  - Hold/Memo Credit Info
  - Interest/Tax Info
  - Last Statement Info
  - Overdraft Info
- Go To

Customer Initiated Inquiry

Details...