

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083157

Entity Name: ILANA'S CARE, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

2040 NE 163 ST
N,M,B., FL 33162

New Principal Place of Business:

2040 NE 163 ST
202E
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

107-40 QUEENS BLVD UNIT 205
FOREST HILL, NY 11375

New Mailing Address:

2040 NE 163 ST
202E
NORTH MIAMI BEACH, FL 33162

FEI Number: 65-1199154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERELMAN, ILANA
2040 NE 163 ST
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

KRAMER, BATIA
2040 NE 163 ST
202E
NORTH MIAMI BEACH, FL 33162 US

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: BATIA KRAMER

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: PERELMAN, ILANA
Address: 2040 NE 163 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: KRAMER, BATIA
Address: 2040 NE 163 ST ROOM 202E
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: BATIA KRAMER

PSTD

04/27/2009

Electronic Signature of Signing Officer or Director

Date