

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90531 017 ***150.00

DOCUMENT # P03000090772

1. Entity Name
MONIKAY'S CARE, INC.



Principal Place of Business
955 53RD STREET EAST APT 113
BRADENTON, FL 34208

Mailing Address
955 53RD STREET EAST APT 113
BRADENTON, FL 34208

50046092



2. Principal Place of Business
3326 ARDEN VILLAS BLVD

3. Mailing Address
3326 ARDEN VILLAS BLVD

03312005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
APT 9

Suite, Apt. #, etc.
APT 9

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
45-0521907

Applied For
Not Applicable

Zip
32817

Country

Zip
32817

Country

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

6. Name and Address of Current Registered Agent

DORSAINVIL, MONICA
955 53RD STREET EAST APT 113
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3326 ARDEN VILLAS BLVD

APT 9

City

ORLANDO

FL

Zip Code

32817

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DORSAINVIL, MONICA**
STREET ADDRESS **955 53RD STREET EAST APT 113**
CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3326 ARDEN VILLAS BLVD, APT 9**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MONICA DORSAINVIL 3/31/05