

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113241

Entity Name: WE CARE NURSES, INC.

FILED  
Apr 30, 2005  
Secretary of State

## Current Principal Place of Business:

1085 DEERWOOD LANE  
WESTON, FL 33326

## New Principal Place of Business:

237 NE 167 STREET  
NORTH MIAMI BEACH, FL 33162

## Current Mailing Address:

1085 DEERWOOD LANE  
WESTON, FL 33326

## New Mailing Address:

FEI Number: 47-0933510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, TERESITA  
1085 DEERWOOD LANE  
WESTON, FL 33326 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GARCIA, TERESITA  
Address: 1085 DEERWOOD LANE  
City-St-Zip: WESTON, FL 33326

Title: S ( ) Delete  
Name: GARCIA, RICSSIEMAY  
Address: 1085 DEERWOOD LANE  
City-St-Zip: WESTON, FL 33326

Title: T ( ) Delete  
Name: GARCIA, RICHELLE  
Address: 1085 DEERWOOD LANE  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERESITA GARCIA

P

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date