## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## EH ED

_	Apr 18, 2005 8:00 am Secretary of State
	04-18-2005 90326 017 ***150.00

**DOCUMENT # P03000115105** TANÓ HOME CARE, INC. Principal Place of Business Mailing Address 50037734 1341-SE BUCKINGHAM -+34+ SE BUCKINGHAM --PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL. 34952 2. Principal Place of Business 3. Mailing Address 2808 Juanita 2808 Juanita Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 CR2E034 (10/03) Applied For City & State 4. FEI Number Pierce FORT 20-0307878 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired 34946 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent TANO, ERICA Street Address (P.O. Box Number is Not Acceptable) 1341 SE BUCKINGHAM --PORT ST LUCIE, FL 34952 City FORT Zip Code 3 4 946 Pierce 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TITLE Change Addition TANO, ERICA NAME Juan Ha Avenue NAME STREET ADDRESS 4341 SE BUCKINGHAM-STREET ADDRESS CUY-ST-ZIP PORT ST LUGIE, FL 34052 CITY-ST-ZIP THE TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to axecute 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 ERTCH LTAND

SIGNATURE: