

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90031 001 \*\*\*150.00  
02-29-2008 90031 002 \*\*\*\*\*8.75

DOCUMENT #

1. Entity Name

Carina's Home Care Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

230 N.E. 38 St

3. Mailing Address

P.O. Box 1252

66001784

CR2E034B (5/07)

Suite, Apt. #, etc.

Apt 3

Suite, Apt. #, etc.

City & State

Oakland Park

City & State

Ft. Land Fla

Zip

Fla

Country

Zip

33302

Country

Broward

FEI Number

P03000147458

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/D V/S V/T/D  
Pamela W. Faison  
230 N.E. 38 St  
Oakland Park Fla 33334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 70 or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela W. Faison  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 22, 2008  
822-4591  
1-954-271-2078