

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014767

FILED
Feb 28, 2007
Secretary of State

Entity Name: BEST CARE AGENCY OF DADE COUNTY, INC.

Current Principal Place of Business:

7010 NE 4TH. COURT
MIAMI, FL 33138

New Principal Place of Business:

666 NE 125 STREET
231
NORTH-MIAMI, FL 33161

Current Mailing Address:

7010 NE. 4TH. COURT
MIAMI, FL 33138

New Mailing Address:

666 NE 125 STREET
NORTH-MIAMI, FL 33161

FEI Number: 56-2430757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTOR, SEVIGNE
7010 NE 4TH. COURT
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

FONTAINE, SERGE
666 NE 125 STREET
NORTH-MIAMI, FL 33161 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: SERGE FONTAINE

02/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTOR, SEVIGNE
Address: 7010 NE 4TH. COURT
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: YANICK, CASTOR
Address: 7010 NE. 4TH. COURT
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: FONTAINE, SERGE
Address: 310-S NE FIRST AVENUE
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: FONTAINE, RAYMOND
Address: 310-S NE FIRST AVENUE
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: KARLYN, FONTAINE
Address: 7010 NE. 4TH. COURT
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CASTOR, SEVIGNE
Address: 666 NE 125 STREET
City-St-Zip: NORTH-MIAMI, FL 33168

Title: D (X) Change () Addition
Name: YANICK, CASTOR
Address: 7666 NE 125 STREET
City-St-Zip: NORTH-MIAMI, FL 33168

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

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

Title: D (X) Change () Addition
Name: KARLYN, FONTAINE
Address: 310-S NE FIRST AVENUE
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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: FONTAINE SERGE

D

02/28/2007

Electronic Signature of Signing Officer or Director

Date