

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90099 039 ***150.00

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DOCUMENT # P04000022253 1: Entity Name JORMERY HOME CARE INC.					
Principal Place of Business 7500 W 20 AVE APT 101 HIALEAH, FL 33016				Mailing Address 7500 W 20 AVE APT 101 HIALEAH, FL 33016	
2. Principal Place of Business 1800 W. 49 St Suite, Apt. #, etc. 223		3. Mailing Address 1800 W. 49 St. Suite, Apt. #, etc. 227		03092005 Chg-P CR2E034 (10/03)	
City & State Hialeah, FL.		City & State Hialeah, FL.		4. FEI Number 20-0769221	
Zip 33012		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTOYO, JORGE 7500 W 20 AVE APT 101 HIALEAH, FL 33016				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>[Signature]</i></u> Jorge Santoyo 03-09-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NO Elected Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SANTOYO, JORGE 7500 W 20 AVE APT 101 HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Santoyo, Jorge <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 W. 49 St. #223 Hialeah, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete SUAREZ, NELIDA 7500 W 20 AVE APT 101 HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suarez, Nelida <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 W. 49 St #223 Hialeah, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> Presidente. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03-09-05 (305) 817 3757 <small>Date Telephone #</small>		