


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90212 046 ***150.00

DOCUMENT # P04000060788 1. Entity Name THERAPEUTIC CARE CENTER, INC			
Principal Place of Business 19838 WEST DIXIE HYW MIAMI, FL 33180 US		Mailing Address 19838 WEST DIXIE HYW MIAMI, FL 33180 US	
2. Principal Place of Business 14730 N.E. 10 Ave Suite, Apt. #, etc.		3. Mailing Address 14730 N.E. 10 Ave Suite, Apt. #, etc.	
City & State North Miami 71 Zip 33161 Country U.S.		City & State North Miami, 71 Zip 33161 Country U.S.	
4. FEI Number 65-0620350		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, OLGA AWILDA 14730 NE 10TH AVE N MIAMI, FL 33169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, OLGA AWILDA 14730 NE 10TH AVE MIAMI, FL 33161	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4.1.06 Daytime Phone # 305 932 0560	

Cell 786 586 2859