2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2005 8:00 am
Secretary of State
05-03-2005 90081 006 ***150.00

DOCUMENT # P04000087288

1. Entity Name
HOME CARE ENTERPRISES INC

Principal Place of Business	Mailing Address
12555 BISCAYNE BLVD. #709 NORTH MIAMI, FL 33181	12555 BISCAYNE BLVD. #709 NORTH MIAMI, FL 33181

01132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 165 NW 95th street	3. Mailing Address: 12555 Biscayne Blvd #790
Suite, Apt. #, etc.: #	Suite, Apt. #, etc.: # 790
City & State: Miami Shore	City & State: North Miami FL
Zip: 33150 Country:	Zip: Country:

4. FEI Number: 86 1121573 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

APONTE, DAVID
12555 BISCAYNE BLVD. ~~#300~~ 790
NORTH MIAMI, FL 33181

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: David Aponte 04/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PCEO APONTE, DAVID 12555 BISCAYNE BLVD. #709 NORTH MIAMI, FL 33181 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: David Aponte 04/18/05 305-687-5631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #