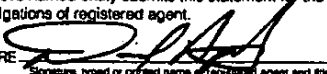
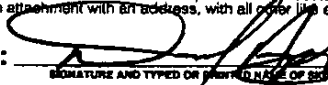


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 12555 BISCAYNE BLVD. #709 NORTH MIAMI, FL 33181		Mailing Address 12555 BISCAYNE BLVD. #709 NORTH MIAMI, FL 33181	
2. Principal Place of Business 165 NW 95th Street Suite, Apt. #, etc. #		3. Mailing Address 12555 Biscayne Blvd #709 Suite, Apt. #, etc. # 709	
City & State Miami Shove		City & State North Miami FL	
Zip 33190	Country	Zip	Country
4. FEI Number 861121573		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. #709 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 DATE: 04/18/05 (NOTE: Registered Agent signature required when reinstating)			
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  David Aponte		DATE: 04/18/05 Deputy Phone #	

305-687-5631