

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000087288

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** HOME CARE ENTERPRISES INC

**Current Principal Place of Business:**

672 NW 118 STREET  
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

12555 BISCAYNE BLVD. #790  
NORTH BEACH MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 86-1121573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: APONTE, DAVID  
Address: 12555 BISCAYNE BLVD. #790  
City-St-Zip: NORTH MIAMI, FL 33181

I hereby 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 all other like empowered.

SIGNATURE: DAVID APONTE

PCEO

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date