


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90042 034 ***150.00

DOCUMENT # P04000091478					
1. Entity Name JEWISH ELDER CARE, INC.					
Principal Place of Business 9045 LAFONTANA BLVD - STE B-12 BOCA RATON, FL 33434			Mailing Address 9045 LAFONTANA BLVD - STE B-12 BOCA RATON, FL 33434		
2. Principal Place of Business - No P.O. Box # 4700 NW 2nd Ave		3. Mailing Address 4700 NW 2nd Ave.			
Suite, Apt. #, etc. 400		Suite, Apt. #, etc. 400			
City & State Boca Raton FL		City & State Boca Raton			
Zip 33431		Country US		Zip 33431	
		Country US			
6. Name and Address of Current Registered Agent					
BENSMIHEN, JOSEPH 9045 LAFONTANA BLVD - STE B-12 BOCA RATON, FL 33434					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable) 4700 NW 2nd Ave. #400					
City Boca Raton					
State FL					
Zip Code 33431					
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 _____					
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, 2007 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					
TITLE	D BENSMIHEN, JOSEPH <input type="checkbox"/> Delete				
NAME	9045 LAFONTANA BLVD - STE B-12				
STREET ADDRESS	BOCA RATON, FL 33434				
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS	4700 NW 2nd Ave #400				
CITY-ST-ZIP	Boca Raton, FL 33431				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40021041



02102007 Chg-P CR2E034 (12/06)

4. FEI Number
20-1243791

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4700 NW 2nd Ave. #400

City
Boca Raton

State
FL

Zip Code
33431

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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	D BENSMIHEN, JOSEPH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9045 LAFONTANA BLVD - STE B-12	NAME	
STREET ADDRESS	BOCA RATON, FL 33434	STREET ADDRESS	4700 NW 2nd Ave #400
CITY-ST-ZIP		CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #