

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000096204	
1. Entity Name IBIS HOME CARE, INC.	

Principal Place of Business 15088 S.W. 71ST LANE MIAMI, FL 33193	Mailing Address 15088 S.W. 71ST LANE MIAMI, FL 33193
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DO NOT WRITE IN THIS SPACE



04152006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-2001094	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, TANIA 15088 S.W. 71ST LANE MIAMI, FL 33193
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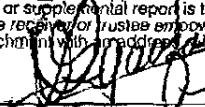
DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U000000523190 05/03/06-80064-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GARCIA, TANIA 15088 S.W. 71ST LANE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PEREZ, LAZARO 15088 S.W. 71ST LANE MIAMI, FL 33193
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 change or other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-15-06 (786) 277 0151 Date Daytime Phone #