2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 20, 2006 08:00 AM DOCUMENT # F04600096710 **Secretary of State** 1. Entity Name CARY CRIST HOME CARE, A.L.F., INC. Mailing Address Principal Place of Business 1706 SW 136TH PLACE MIAMI FL 33175 1706 SW 136TH PLACE MIAMI FL 33175 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEi Number Applied For 20-1289491 Not Application Zø Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIVAS, CRISTINA 1706 SW 136TH PLACE MIAMI FL 33175 Street Address (P.O. Box Number is Not Acceptable) Zip Code 8. The above named fifty 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 enistered agent. SIGNATURE erne of registered agent and the filapplicable (NOTE Registered Agent signature required when remislating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BILE ☐ Detete TITLE ☐ Change ☐ Advision MAME RIVAS, CRISTINA NAME Unnonn442192 n3/04/06-80006-016 150.00 STREET ADDRESS 1706 SW 136TH PLACE STREET AGORESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP DILE TUTLE ☐ Addet. Delete Change NAME NAME STITEET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZAP Change TITLE Delete 31715 □ M^m NAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change T All this NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addesis NAME NAME STREET ACCRESS STREET ADDRESS CATY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Additt. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 of direct 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 1 if changed, or on an attachment with an address, with all other like empowered.

FILED