


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90095 030 ***150.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # P04000133826 1. Entity Name HOME CARE 4U, INC. | | | |  | |
| Principal Place of Business 14505 COMMERCE WAY STE #512 MIAMI LAKES, FL 33016 | | | Mailing Address 14505 COMMERCE WAY STE #512 MIAMI LAKES, FL 33016 | | |
| 2. Principal Place of Business - No P.O. Box # 3852 NW 125 ST | | 3. Mailing Address 3852 NW 125 ST | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State MIAMI FL | | City & State MIAMI FL | | 4. FEI Number 35-2238200 | |
| Zip 33054 | | Country USA | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent GARCIA, ROSA M 3505 SO OCEAN DRIVE #212 HOLLYWOOD, FL 33019 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. GARCIA, ROSA M 3505 SO. OCEAN DRIVE #212 HOLLYWOOD, FL 33019 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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, with all other like empowered. | | | | | |
| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |

40014695



01242007 Chg-P CR2E034 (12/06)

4. FEI Number 35-2238200 Applied For Not Applicable

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

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-07

786 413 0911