

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152225

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** MASTER SUPERIOR HOME CARE SERVICES INC

**Current Principal Place of Business:**

5545 SW 8 STREET  
#201  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

5545 SW 8 STREET  
#201  
MIAMI, FL 33134

**New Mailing Address:**

**FEI Number:** 38-3711056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN, ANTHONY  
5545 SW 8TH ST  
SUITE 201  
MIAMI, FL 33134 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: CEO  
Name: MARTIN, ANTHONY  
Address: 5545 SW 8TH ST. SUITE 201  
City-St-Zip: MIAMI, FL 33134

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: ANTHONY MARTIN

CEO

04/26/2012

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

\_\_\_\_\_ Date