2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000155006



Apr 19, 2005 8:00 am Secretary of State 04-19-2005 90382 001 ***150.00

FILED

I	EMBRAC	E HOME	CARE CENTER	INC .			ł				
	Principal Plac 15715 SOUT SUITE 233 MIAMI, FL 3	'H DIXIE HIG	HWAY	Mailing Address 15715 SOUTH DIXIE SUITE 233 MIAMI, FL 33157	HIGHWAY US	COO WE TO		400017			
	2. Principal P	lace of Busin	ess	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02232005 Chg-P CR2E034 (10/03)				
	City & State	e		City & State			4. FEt Numb	190896	5		plied For at Applicable
	Zip		Country	Zip	Count	itry	·	of Status Desired		\$8.75 Add Fee Require	
ŀ		6. Name	and Address of Curren	t Registered Agent		Nome	7. Name and	Address of New	Registered A	gent	
l	ALONSO	ERANI IA				Name		-			
ALONSO, FRANLIA 15715 SOUTH DIXIE HIGHWAY SUITE 233						Street Address (P.O. Box Number is Not Acceptable)					
	MIAMI, FL	33157									
						City			FL	Zip Code	
	8. The above the obligat	ions effrensi	ered agent. Anua Aw	or the purpose of changing i				th, in the State of F	lorida. I am f	amiliar with,	and accept
١		Signature, typed	or printed name of projistered agen	at and tale if applicable. (NC	OTE: Registered	d Agent signature require	d when reinstating)	_	DATE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachmal with-an address, with all other tips empowered.

SIGNATURE:

<u>5-388-</u>7803