

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 02, 2005 8:00 am
Secretary of State

04-29-2005 90184 014 ***158.75

DOCUMENT # P04000167937			
1. Entity Name RACE HOME HEALTH CARE INC.			
Principal Place of Business 2015 WEST 62ND STREET HIALEAH, FL 33016		Mailing Address 2015 WEST 62ND STREET HIALEAH, FL 33016	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04262005		Chg-P CR2E034 (10/03)	
4. FEI Number 76-0774283		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ENRIQUES, CARLOS 2015 WEST 62ND STREET HIALEAH, FL 33016		Name ORIVE, CARLOS E.	
		Street Address (P.O. Box Number is Not Acceptable) 2015 W 62 ST	
		City Hialeah FL Zip Code 33016	
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 		DATE 4/26/05	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 RODRIGUEZ, RAMON A 2015 WEST 62ND STREET HIALEAH, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ORIVE, CARLOS E 2015 WEST 62ND STREET HIALEAH, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 4/26/2005 305-3625739	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	