

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000005183

FILED
Mar 13, 2008
Secretary of State**Entity Name:** PERFECT CARE INC.**Current Principal Place of Business:**6175 NW 153 ST
SUITE 221
MIAMI LAKES, FL 33014**New Principal Place of Business:****Current Mailing Address:**6175 NW 153 ST
SUITE 221
MIAMI LAKES, FL 33014**New Mailing Address:****FEI Number:** 25-1908208**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CAMERO, MARIOLA
6175 NW 153 STREET, SUITE 221
MIAMI LAKES, FL 33014 US**Name and Address of New Registered Agent:**HARTMAN, CARMEN
6175 NW 153 STREET, SUITE 221
MIAMI LAKES, FL 33014 US

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: CARMEN HARTMAN

03/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: CAMERO, MARIOLA
Address: 6175 NW 153 ST, SUITE 221
City-St-Zip: MIAMI LAKES, FL 33014**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: HARTMAN, CARMEN
Address: 6175 NW 153 ST, SUITE 221
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARMEN HARTMAN

P

03/13/2008

Electronic Signature of Signing Officer or Director

Date