

2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/28/2006-90018-022-\$150.00-\$150.00

DOCUMENT # P05000081039			
1. Entity Name RESIDENCIA NUESTRA SENORA DE LA ESPERANZA NO 2, HOME CARE CORP.			
Principal Place of Business 3664 SW 156TH CT MIAMI, FL 33185		Mailing Address 3664 SW 156TH CT MIAMI, FL 33185	
2. Principal Place of Business		3. Mailing Address 15201 SW 50 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miramar, Florida	
Zip	Country	Zip	Country
33027	USA	33027	USA
4. FEI Number		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
02102006 Chg-P		CR2E034 (11/05)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
URRUTIA, NORMA 15858 SW 65TH TERR MIAMI, FL 33193		Name Armando Martinez Street Address (P.O. Box Number is Not Acceptable) 15201 SW 50 St. City Miramar FL Zip Code 33027	
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 Norma Urrutia		DATE 2/22/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 URRUTIA, NORMA 15858 SW 65TH TERR MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Armando Martinez 15201 SW 50 St Miramar, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ 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: Armando Martinez		DATE 2/22/06	

FILED

06 MAR 24 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50000629



02102006 Chg-P CR2E034 (11/05)

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

URRUTIA, NORMA
15858 SW 65TH TERR
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name Armando Martinez
Street Address (P.O. Box Number is Not Acceptable)
15201 SW 50 St.
City Miramar FL Zip Code 33027

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10. OFFICERS AND DIRECTORS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: Armando Martinez DATE 2/22/06

Armando Martinez

305-971-0114