

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000104313

Entity Name: RENACER HOME CARE CORP.

FILED  
Jul 23, 2008  
Secretary of State

## Current Principal Place of Business:

644-642 SE 4TH PLANE  
HIALEAH, FL 33010

## New Principal Place of Business:

## Current Mailing Address:

644-642 SE 4TH PLANE  
HIALEAH, FL 33010

## New Mailing Address:

FEI Number: 20-3211924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOURZAC, MARTHA I  
8150 WEST 12TH AVE  
HIALEAH, FL 33014 US

## Name and Address of New Registered Agent:

BOURZAC, MARTHA I  
644-642 SE 4TH PLANE  
HIALEAH, FL 33010 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: MARTHA I BOURZAC

07/23/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BOURZAC, MARTHA I  
Address: 8150 WEST 12TH AVE  
City-St-Zip: HIALEAH, FL 33014

Title: S ( ) Delete  
Name: BOURZAC, WALFRIDO  
Address: 8150 WEST 12TH AVE  
City-St-Zip: HIALEAH, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BOURZAC, MARTHA I  
Address: 644-642 SE 4TH PLANE  
City-St-Zip: HIALEAH, FL 33010

Title: S (X) Change ( ) Addition  
Name: BOURZAC, WALFRIDO  
Address: 644-642 SE 4TH PLANE  
City-St-Zip: HIALEAH, FL 33010

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: MARTHA I BOURZAC

P

07/23/2008

Electronic Signature of Signing Officer or Director

Date