


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90039 003 ***150.00

DOCUMENT # P05000146158

1. Entity Name
MARY'S HOMECARE SERVICES INC.



Principal Place of Business Mailing Address

360 W 53 TERRACE **69 SUFFOLK AVE**
HIALEAH, FL 33012 **HIALEAH, FL 33010**

2. Principal Place of Business - N.Y. P.O. Box # 3. Mailing Address

13825 NW 85CT **13825 NW 85CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT #1702 **UNIT #1702**

City & State City & State

MIAMI LAKES, FLA. **MIAMI LAKES, FLA.**

Zip Zip Country Country

33016 **33016**



01302008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-3720179 Not Applicable

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

5. Name and Address of Current Registered Agent

SABATER, MARIA E
360 W 53 TERRACE
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

DISCLAIMER: I agree to indemnify and hold the State of Florida harmless from and against all claims, damages, costs and expenses, including reasonable attorney's fees, that may be asserted against or incurred by the State of Florida as a result of my actions or inactions in connection with this filing.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Corporate Financing Trust Fund Contribution **\$5.00** May be Added to Fees

16. OFFICERS AND DIRECTORS		17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 16	
FILE	P	FILE	ADDITION
NAME	SABATER, MARIA E	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	360 W 53 TERRACE	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	HIALEAH, FL 33012	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE		PHONE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE		PHONE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE		PHONE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE		PHONE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE		PHONE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

18. I, the Secretary of the corporation, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: **MARIA E. SABATER** *[Signature]* **1-30-08 786-218-0328**