

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149779

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** TOP QUALITY HOME CARE SERVICES, INC.

**Current Principal Place of Business:**

633 NE 167 STREET  
SUITE 603  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

633 NE 167 STREET  
SUITE 603  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 20-3762065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRES, PAULA  
633 NE 167 ST STE 603  
N MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TORRES, PAULA  
Address: 7600 GRANADA BLVD  
City-St-Zip: MIRAMAR, FL 33023

I hereby 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 all other like empowered.

SIGNATURE: PAULA TORRES

ADM

02/23/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date