## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## FILED Mar 02, 2006 8:00 am Secretary of State

DOCUMENT # P05000150113  1. Entity Name SWEET HOME CARE, INC.					03-02-2006 90009 004 ***150.00			
Principal Plac	e of Business	Mailing Address		┥,		-		
5920 SW 2N MIAMI, FL 3	ID ST.	5920 SW 2ND ST. MIAMI, FL 33144	•	- '				
Principal Place of Business     Amailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State		4. FEI Numbe		7		oplied For
Zip	Country	Žip	Country		of Status Desired	П	\$8.75 Add	ditional
	6. Name and Address of Currer	nt Registered Agent		7. Name and	Address of New	Registered A	Agent	
ACHILA E	LODENTINO		Name					
AGUILA, FLORENTINO 5920 SW 2ND ST. MIAMI, FL 33144			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
10.00 10.00, 11.20								
ing.			City			FL	Zip Cod	
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its re	egistered office or reg	gistered agent, or bo	h, in the State of F	lorida. I am t	amiliar with,	and accept
SIGNATURE								
JIGINATURE.	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: I	Registered Agent signature re	equired when reinstating)		DATE		
FIL		9. Election Campaig	n Financing	\$5.00 May Be Added to Fees		DATE		
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campaig	n Financing	\$5.00 May Be Added to Fees	CHANGES TO OF		DIRECTORS	S IN 11
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #