

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150113

Entity Name: SWEET HOME CARE, INC.

FILED  
Apr 28, 2011  
Secretary of State

**Current Principal Place of Business:**

5920 SW 2ND ST.  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

5920 SW 2ND ST.  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 01-0849717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DE LA ROSA, NILDA  
5920 SW 2ND ST.  
MIAMI, FL 33144 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: P  
Name: DE LA ROSA, NILDA  
Address: 5920 SW 2ND ST.  
City-St-Zip: MIAMI, FL 33144

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: NILDA DE LA ROSA

P

04/28/2011

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

\_\_\_\_\_ Date