

ANNUAL REPORT

DOCUMENT # P05000153288

1. Entity Name
KERALA CARE CENTER, INC

FILED
Apr 30, 2008 08:00 AM
Secretary of State

Principal Place of Business
6956 NW 19 STREET
MARGATE, FL 33063Mailing Address
6956 NW 19 STREET
MARGATE, FL 33063

04122008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3838421Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KUNCHANDY, GEORGE
6953 NW 19 STREET
MARGATE, FL 33063**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/15/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

1000000934176

05/23/08-80021-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KUNCHANDY, GEORGE
STREET ADDRESS	6953 NW 19 STREET
CITY-ST-ZIP	MARGATE, FL 33063

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

979-260-5951

Daytime Phone #