## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2007 08:00 A Secretary of State

Principal Place of Distriess	DOCUMENT # P05000160250  1. Entity Name ASSOCIATES HOME CARE, INC.					Secretary of St			
Sulfo, Appl. 4. refo.    City & State	13238 SW 8	STREET	13238 SW 8 STREET						
City & State    City & State   City & City & State   City &	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			-			
Zip Country Zip Country S. Centificate of Status Desired S. S8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of Name Agent 7. Name and Address of Name Agent 7. Name and Address of Name Agent 7	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04022007	Chg-P	CR2E034 (12/06)	
S. Descriptions of Status Desired  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    Name	City & Stat	ө				1		<del></del>	
MELERO, YOUSIT 13238 S.W. 8 STREET MIAMI, FL 33184  City FL Zip Code  8. The above named only, submits this statement for the purpose of changing as registered affect, or both, in the State of Florida. I am familiar with, and accord the obligations of registered affect.  Signature, total or private purpose and changing as registered affect, or both, in the State of Florida. I am familiar with, and accord the obligations of registered affect.  Signature, total or private purpose and changing as registered affect, or both, in the State of Florida. I am familiar with, and accord the obligations of registered affect.  Signature, total or private purpose affect affects and the purpose of changing as registered affects grain sealed affects affects.  Signature, total or private purpose of changing as registered affects grain sealed affects affects.  Signature for the state of registered affects.  FILE NOWITI FEE IS \$150.00  After May 1, 2007 Foe will be \$550.00  After May 1, 2007 Foe will be \$550.00  PELERO, VOUSIT  NAME  MELERO, VOUSIT  NAME  SIRE HORSES  OITH-ST-2P  ITHE  Detels  THE  THE  Detels  THE  Detels  THE  THE  THE  THE  THE  THE  THE  TH	Zip	Country	Country Zip Cou		ntry			Fee Require	
Sincer Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New I	Registered Agent	
B. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and eccept the obligations of registered agent.  SignaTureE    PILE NOWILL FEE IS \$150.00	13238 S.W. 8 STREET				Street Address (	(P.O. Box Numb	er is Not Acceptabl	(e)	
the obligations of registered agent.  SIGNATURE    PILE NOWILI FEE IS \$150.00					City			FL Zip Coo	le i
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After May 1, 2007 Foo will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE P	SIGNATURE_	Country transfer related pages of principles of annual page.	tood tile of applicable (Arth	IE. Dag atus	A America and the combine	d udwa remetohari		DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET		E NOW!!! FEE IS \$150.00	9. Election Campa	aign Finar	ncing _ \$5	.00 May Be			-
MELERO, YOUSIT SITER ADDRESS 13238 SW 8 STREET SIRER ADDRESS UD00007703073  TITLE MAME MAMI, FL 33184  Delete TITLE MAME SIRER ADDRESS CITY-S1-ZIP  TITLE MAME SIRER ADDRESS CITY-S1-ZIP ADDRESS CITY-S1-ZIP  TITLE MAME SIRER ADDRESS CITY-S1-ZIP ADDRESS CIT	10.	· · · · · · · · · · · · · · · · · · ·		11.		ADDITIONS	L /CHANGES TO OF		
CITY-SI-ZIP MIAMI, FL 33184  CITY-SI-ZIP Delete TITLE	NAME	MELERO, YOUSIT	☐ Delete	MAM	ΙE		U0000	0703079	Addition
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CITY-ST-ZIP  11. Itereby 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.	TITLE		☐ Delete	TITLE	E			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I furthor 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.	· ·								
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