

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90005 033 ***150.00

DOCUMENT # P06000008830

1. Entity Name

PROFESSIONAL BILINGUAL HOME CARE SERVICES INC

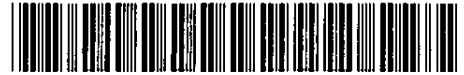


Principal Place of Business

Mailing Address

7207 LILY PAD LANE
TAMPA FL 33619

7207 LILY PAD LANE
TAMPA FL 33619



2. Principal Place of Business No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Tampa, FL

Zip

Country

Zip

Country

33619

US

33619

US

1st MOORE

CR2E034 (10/06)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLE, KATHY L
205 W MLKING BLVD
204
TAMPA FL 33603

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME STEWART, LUCILA V
STREET ADDRESS 7207 LILY PAD LANE
CITY - ST - ZIP TAMPA FL 33619 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lucila V Stewart

5-6-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
40119018

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Professional Bilingual Home Care Service Inc
7207 Lily Pad Lane
Tampa, FL. 33619

RE: ~~PROFESSIONAL BILINGUAL HOME CARE SERVICE INC~~
#P06000008830

Please be advised that we did not receive a renewal form on the above referenced corporation, which caused it to be a late filing.

Therefore, enclosed please find a check for \$150.00 which is the amount needed for reinstatement.

Sincerely,



Kathy L. Cole