

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036466

FILED
Apr 07, 2007
Secretary of State

Entity Name: FUTURE CARE SOLUTION, INC.

Current Principal Place of Business:

3530 SW 87 AVE
MIAMI, FL 33165

New Principal Place of Business:

6555 NW 36 STREET
117
VIRGINIA GARDENS, FL 33166

Current Mailing Address:

3530 SW 87 AVE
MIAMI, FL 33165

New Mailing Address:

FEI Number: 87-0768493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCO, JUAN O
3530 SW 87 AVE
MIAMI, FL 33165 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLANCO, JUAN O
Address: 3530 SW 87 AVE
City-St-Zip: MIAMI, FL 33165

Title: VPD () Delete
Name: MARZO, DARLIN
Address: 1321 SW 92 AVE
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUAN

AS P

04/07/2007

Electronic Signature of Signing Officer or Director

_____ Date