2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90107 048 ***150.00

DOCUMENT # P06000043787

1. Entity Name
MALIBU LOVE AND CARE HEALTHCARE AGENCY, INC.

60011977

Principal Place of Business	Mailing Address
6461 JOHNSON STREET HOLLYWOOD, FL 33024	2410 W. LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025

01292007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Malibu love & Care Healthcare Agency		16000 PINES BLVD., #821493	
Suite, Apt. #, etc.: 6517 Taft Street, Ste. 220		Suite, Apt. #, etc.: –	
City & State: Hollywood, FL		City & State: PEMBROKE PINES, FL 33082-9239	
Zip: 33024	Country: Broward	Zip	Country: Broward

4. FEI Number 16-1750312 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, LAURNA
7161 PEMBROKE ROAD #600
PEMBROKE PINES, FL 33023

7. Name and Address of New Registered Agent

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

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	PS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JAIPAUL, ELMINA		NAME	
STREET ADDRESS	16000 PINES BLVD., #821493		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33082-9239		CITY-ST-ZIP	
TITLE	VT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ATHANASSOPOULOS, BEVERLY		NAME	
STREET ADDRESS	16000 PINES BLVD., #821493		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33082-9239		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 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: Beverly Athanassopoulos 1/29/07 954-243-9815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #