

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90121 020 ***150.00



DOCUMENT # P06000053392	
1. Entity Name ML HOME CARE.INC	
Principal Place of Business 714 NW 33 AVE MIAMI, FL 33125	Mailing Address 714 NW 33 AVE MIAMI, FL 33125
2. Principal Place of Business - No P.O. Box # 3383 NW 75T Suite, Apt. #, etc. Suite 204	3. Mailing Address 3383 NW 75T Suite, Apt. #, etc. Suite 204
City & State Miami, FL	City & State Miami, FL
Zip 33125	Country E.U. (Dad)
6. Name and Address of Current Registered Agent DOMINGUEZ, MERCEDES 8245 SW 41 ST MIAMI, FL 33155	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3383 NW 75T Suite 204 City Miami FL Zip Code 33125	
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: <i>Utkan</i> DATE: 08-07-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, MERCEDES 714 NW 33 AVE MIAMI, FL 33125 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VALLE, EDELMIRA 714 NW 33 AVE MIAMI, FL 33125 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mercedes Dominguez 3383 NW 75T Suite 204 Miami, FL 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Valle, Edelmir 3383 SW 75T Suite 204 Miami, FL 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



07302008 Chg-P CR2E034 (12/06)

4. FEI Number 74-3179197 APPLIED FOR Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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: *Utkan* DATE: 08-07-08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #