## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000053417

MIAMI, FL 33185

City-St-Zip:

Entity Name: SWEET CARE NURSING ASSISTANCE INC.

FILED Sep 09, 2009 Secretary of State

,					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3655 SW 1 MIAMI, FL					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3655 SW 1 MIAMI, FL					
FEI Number	: 20-4712346	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:	
	148TH CT 33185 US	submits this statement for the բ	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Election Car	ce with s. 607.19	nic Signature of Registered Ago (3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ). TORS:	ot receive the prior notice.	Date ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( LINARES, ANG 3655 SW 1481 MIAMI, FL 331	Ή CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VPS ( PEREZ, DULC 3655 SW 1487		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANGEL LINARES P 09/09/2009