2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000066725

1. Entity Name

ANAMAR CARE SERVICES, INC.



FILED Feb 21, 2007 8:00 am Secretary of State

02-21-2007 90029 008 ***150.00

				Tribuga de la serie						
Principal Place of Business Mailing Address										
9622 GRAND CANAL DRIVE 9622 GRAND CANAL E MIAMI FL 33174 MIAMI FL 33174					.					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Add	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1s	1st MOORE CR2E034 (10/06)				
City & State		City & State			4. FEI Number 4934485 Applied For Not Applicable					
Zip	Country Zip		Cour	ntry	5. Cortificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
ALFONSO, ANA M 9622 GRAND ACANAL DRIVE MIAMI FL 33174				Name						
				Street Address (P.O. Box Number is Not Acceptable)						
				City Zip Code						
							FL	Zip Code	3	
	named entity submits this statement tions of registered agent	or the purpose of c	hanging its register	red office or regi	istered agent, or bo	oth, in the State of Fic	orida. I am fa	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name or registered age	it and title it applicable.	(NOTE: Registers	ed Agent signature req	quired 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 Campa Trust Fund Con	•		00 May Be ed to Fees	
10.	OFFICERS AN	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
HILE	PD		Delete IIII	I.				☐ Change	Addition	
NAME	PERERA, JORGE		NAN	VF.						
STREET ADDRESS	9266 GRAND CANAL DRIVE		SIR	LET ADDRESS						
CITY - ST - ZIP	MIAMI FL 33174		CIN	Y ST-ZIP						
THILE	PVPD		Delele IIIL	.E.				☐ Change	☐ Addition	
NAME	ALFONSO, ANA M		NAM	ME						
STREET ADDRESS	9266 GRAND CANAL DRIVE		I.	EET ADDRESS						
CHY-SI-ZIP	MIAMI FL 33174			Y-SI-7IP						
TITLE			Delete IIIL	1				☐ Change	Addition	
NAME CHREET ADDRESS			NAM							
STREET ADDRESS CITY - ST - ZIP				ELET ADDRESS Y ST-ZIP						
HHI			-		 			Channa	Addition	
NAME			Delete IIII NAN					☐ Change		
STREET ADDRESS				FET ADDRESS						
CHY S1-ZIP			CIT	Y ST-ZIP						
TITLE			Delete IIII	LE				☐ Change	Addition	
NAMI		_	NAM					_ ,	_	
STRLET ADDRESS			SIR	REE1 ADDRESS						
CITY - ST - ZIP			CIT	Y-ST-ZIP						
THIC			Defete HH	LE.				Change	Addition	
NAME			NAM	I						
STREET ADDRESS			STR	REEL ADDRESS						
1 CHO OF 7th			E AITS	v et 710 l						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 trustoe 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07 184-266-547 Dayture Phone #