

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111739

FILED
Apr 21, 2008
Secretary of State

Entity Name: INDEPENDENT HOME CARE INC.

Current Principal Place of Business:

13899 BISCAYNE BLVD SUITE 145
NORTH MIAMI BEACH, FL 33181

New Principal Place of Business:

Current Mailing Address:

3855 NE 168TH STREET
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

13899 BISCAYNE BLVD SUITE 145
NORTH MIAMI BEACH, FL 33181

FEI Number: 20-5449668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELBERG, PAUL
3855 NE 168TH STREET
NORTH MIAMI BEACH, FL 33160 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: CEO () Delete
Name: KRUPOVLYANSKAYA, ANNA
Address: 3855 NE 168TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: CFO () Delete
Name: ELBERG, PAUL
Address: 3855 NE 168TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: CTO () Delete
Name: ELBERG, MIKHAIL
Address: 3855 NE 168TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: MIKHAIL ELBERG

CTO

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date