

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111739

FILED  
Jan 20, 2011  
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:

13899 BISCAYNE BLVD  
SUITE 145  
NORTH MIAMI BEACH, FL 33181

## New Mailing Address:

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  
20185 E COUNTRY CLUB DR  
APT 909  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

ELBERG, PAUL  
16400 COLLINS AVE  
APT 2041  
SUNNY ISLES BEACH, FL 33160 US

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: PAUL ELBERG

01/20/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CEO  
Name: KRUPOVLYANSKAYA, ANNA  
Address: 16400 COLLINS AVE APT 2041  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: CFO  
Name: ELBERG, PAUL  
Address: 16400 COLLINS AVE APT 2041  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL ELBERG

CFO

01/20/2011

Electronic Signature of Signing Officer or Director

Date