

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000012892

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** CENTURY HOME CARE, INC.

**Current Principal Place of Business:**

300 71ST STREET  
SUITE 440  
MIAMI BEACH, FL 33141 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 71ST STREET  
SUITE 440  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

**FEI Number:** 20-8333775      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, CAMILO  
300 71ST STREET  
SUITE 440  
MIAMI BEACH, FL 33141 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:** PVST  
**Name:** GONZALEZ, CAMILO  
**Address:** 300 71ST STREET SUITE 440  
**City-St-Zip:** MIAMI BEACH, FL 33141 US

**Title:** D  
**Name:** GONZALEZ, CAMILO  
**Address:** 300 71ST STREET SUITE 440  
**City-St-Zip:** MIAMI BEACH, FL 33141 US

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: CAMILO L. GONZALEZ

PVST

01/08/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date