

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094012

FILED
Mar 06, 2008
Secretary of State

Entity Name: HEALTH CARE WITH LOVE, INC.

Current Principal Place of Business:

6040 SW 29 CT.
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

6040 SW 29 CT.
DAVIE, FL 33314

New Mailing Address:

FEI Number: 26-0546118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, CARLOS J
6040 SW 29 CT.
DAVIE, FL 33314 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: PSD () Delete
Name: FERNANDEZ, CARLOS J
Address: 6040 SW 29 CT.
City-St-Zip: DAVIE, FL 33314

Title: VTD () Delete
Name: VALDES, TATIANA
Address: 6040 SW 29 CT.
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CARLOS FERNANDEZ

PTE

03/06/2008

Electronic Signature of Signing Officer or Director

Date