

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100057

FILED
Jun 23, 2008
Secretary of State

Entity Name: INFINITE HOME CARE, INC.

Current Principal Place of Business:

17454 NW 10 STREET
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

19620 PINES BLVD.
SUITE 217
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

17454 NW 10 STREET
PEMBROKE PINES, FL 33029 US

New Mailing Address:

19620 PINES BLVD.
SUITE 217
PEMBROKE PINES, FL 33029 US

FEI Number: 26-1889997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLEGARIO, RIZALINA P
17454 NW 10 STREET
PEMBROKE PINES, FL 33029 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLEGARIO, RIZALINA P
Address: 17454 NW 10 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Delete
Name: OLEGARIO, RIZALINA P
Address: 17454 NW 10 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: OLEGARIO, RIZALINA P
Address: 17454 NW 10 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S () Delete
Name: OLEGARIO, RIZALINA P
Address: 17454 NW 10 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

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:

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: RIZALINA P. OLEGARIO

PRES

06/23/2008

Electronic Signature of Signing Officer or Director

_____ Date