

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000112541

Entity Name: DIVINE CARE SERVICES, INC.

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

5190 NW 167 ST., SUITE 211  
MIAMI GARDENS, FL 330146328

**New Principal Place of Business:**

**Current Mailing Address:**

5190 NW 167 ST., SUITE 211  
MIAMI GARDENS, FL 330146328

**New Mailing Address:**

FEI Number: 26-1198761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JINNAH, ISHTIAQ  
5190 NW 167 ST., SUITE 211  
MIAMI GARDENS, FL 330146328 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: P ( ) Delete  
Name: JINNAH, ISHTIAQ  
Address: 4541 NW 179TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: V ( ) Delete  
Name: SERVIA, BARBARA  
Address: 4541 NW 179TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JINNAH, ISHTIAQ  
Address: 5190 NW, 167TH STREET, #211  
City-St-Zip: MIAMI GARDENS, FL 33014

Title: V (X) Change ( ) Addition  
Name: SERVIA, BARBARA  
Address: 5190 NW, 167TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33014

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: ISHTIAQ JINNAH

P

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date