2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State
01-23-2008 90007 019 ***150.00

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1. Entity Name
CARE 4U HOME HEALTH AGENCY INC

Principal Place of Business
3829 SW 17 AVE
CAPE CORAL, FL 33914 US

Mailing Address
3829 SW 17 AVE
CAPE CORAL, FL 33914 US

01152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #: 2125 Victoria Ave
Suite, Apt. #, etc.: 3
City & State: Fort Myers, FL
Zip: 33901 Country:

3. Mailing Address: 2125 Victoria Ave
Suite, Apt. #, etc.: 3
City & State: Fort Myers, FL
Zip: 33901 Country:

4. FEI Number: 26-1289643. Applied For / Not Applied For

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INCOME TAX BY OSCAR
10912 SW 25 ST
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name: Lazaro Delgado-Alvarez.
Street Address (P.O. Box Number is Not Acceptable): 3829 SW 17 Ave.
City: Cape Coral FL Zip Code: 33914

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: Lazaro Delgado 01/15/08
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required on this form.)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ADM	☐ Delete
NAME	DELGADO ALVAREZ, LAZARO	
STREET ADDRESS	3829 SW 17 AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	P	☐ Delete
NAME	LEIVA, CLAUDIO T	
STREET ADDRESS	1307 SW EMBERS TERR	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE	VP	☐ Delete
NAME	RAYA, EDUARDO	
STREET ADDRESS	1030 NW 37 PL	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 this report is being changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lazaro Delgado. 01/15/08 (239)233-1503.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR