

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90007 019 ***150.00

DOCUMENT # P07000116018	
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
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40008558



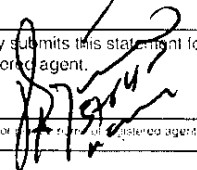
2. Principal Place of Business - No P.O. Box # 2125 VICTORIA AVE	3. Mailing Address 2125 VICTORIA AVE
Suite, Apt. #, etc. 3	Suite, Apt. #, etc. 3
City & State FORT MYERS, FL	City & State FORT MYERS, FL
Zip 33901	Zip 33901
Country	Country

01152008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1289643.	Applied For Tax Status
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
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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.

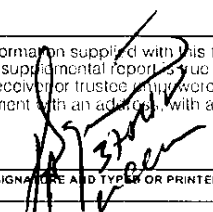
SIGNATURE  LAZARO DELGADO 01/15/08

Signature, typed or printed name of registered agent and title if applicable (If "Other Registered Agent" is required, the agent must sign this statement.)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADM DELGADO ALVAREZ, LAZARO 3829 SW 17 AVE CAPE CORAL, FL 33914 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEIVA, CLAUDIO T 1307 SW EMBERS TERR CAPE CORAL, FL 33991 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAYA, EDUARDO 1030 NW 37 PL CAPE CORAL, FL 33993 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 my name has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  LAZARO DELGADO. 01/15/08 (239)223-1503.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR