

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000117558

Entity Name: MARTHA'S HOME CARE, INC

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

420 FONTANA CIR  
208  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

420 FONTANA CIR  
208  
OVIEDO, FL 32765 US

**New Mailing Address:**

FEI Number: 26-1332331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EL HAYEK, CAROLINA  
420 FONTANA CIR  
208  
OVIEDO, FL 32765 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

**OFFICERS AND DIRECTORS:**

Title: P/S  
Name: EL HAYEK, CAROLINA  
Address: 420 FONTANA CIR #208  
City-St-Zip: OVIEDO, FL 32765 US

Title: PV/T  
Name: FLOREZ, GLORIA E  
Address: 420 FONTANA CIR #208  
City-St-Zip: OVIEDO, FL 32765 US

I hereby 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 all other like empowered.

SIGNATURE: GLORIA FLOREZ

VP/

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date