

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000119911

FILED
Apr 04, 2008
Secretary of State

Entity Name: B.M. NURSE CARE SERVICES CORP.

Current Principal Place of Business:

9615 SW 24 ST
APT A 313
MIAMI, FL 33165 US

New Principal Place of Business:

9615 SW 24TH ST
APT A 313
MIAMI, FL 33165 US

Current Mailing Address:

9615 SW 24TH ST
APT A 313
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 26-1375515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE EXECUTIVE FINANCIAL GROUP
10181 NW 58TH ST
SUITE 9
DORAL, FL 33178 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/D () Delete
Name: BETHENCOURT MIRABAL, ARIAN
Address: 9615 SW 24 ST APT A 313
City-St-Zip: MIAMI, FL 33165 US

Title: VP () Delete
Name: BETHENCOURT MIRABAL, ARIAN
Address: 9615 SW 24 ST APT A 313
City-St-Zip: MIAMI, FL 33165 US

Title: SEC () Delete
Name: BETHENCOURT MIRABAL, ARIAN
Address: 9615 SW 24 ST APT A 313
City-St-Zip: MIAMI, FL 33165 US

Title: TREA () Delete
Name: BETHENCOURT MIRABAL, ARIAN
Address: 9615 SW 24 ST APT A 313
City-St-Zip: MIAMI, FL 33165 US

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: ARIAN BETHENCOURT

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04/04/2008

Electronic Signature of Signing Officer or Director

_____ Date