

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000007581

Entity Name: AMAZING CARE, INC. #2

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6270 ATLANTA STREET  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

6270 ATLANTA STREET  
HOLLYWOOD, FL 33024

**New Mailing Address:**

FEI Number: 75-3254052

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

INGRAM, LESTER J  
18400 NORTH WEST 5TH AVE  
MIAMI, FL 33169 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: MR  
Name: INGRAM, LESTER J  
Address: 18400 NORTH WEST 5TH AVE  
City-St-Zip: MIAMI, FL 33169

Title: MRS  
Name: INGRAM, BERNICE E  
Address: 18400 NORTH WEST 5TH AVE  
City-St-Zip: MIAMI, FL 33169

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: LESTER JUNIOR INGRAM

MR

05/01/2012

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

\_\_\_\_\_  
Date