

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064538

Entity Name: IMAN CARE, INC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

4921 SW 195TH TERRACE
SOUTHWEST RANCHES, FL 33332

New Principal Place of Business:

214 LAKESIDE CIRCLE
SUNRISE, FL 33326

Current Mailing Address:

4921 SW 195TH TERRACE
SOUTHWEST RANCHES, FL 33332

New Mailing Address:

214 LAKESIDE CIRCLE
SUNRISE, FL 33326

FEI Number: 26-2922028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSEN, PABLO J
214 LAKESIDE CIRCLE
SUNRISE, FL 33326 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 () Delete
Name: HANSEN, CARLOS A
Address: 4921 SW 195TH TERRACE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: V () Delete
Name: HANSEN, PABLO J
Address: 214 LAKESIDE CIRCLE
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HANSEN, CARLOS A
Address: 214 LAKESIDE CIRCLE
City-St-Zip: SUNRISE, FL 33326

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: CARLOS HANSEN

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date