

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000095969

Entity Name: MILANES CARE INC

FILED  
Apr 30, 2011  
Secretary of State

**Current Principal Place of Business:**

6502 SW 136 CT  
MIAMI, FL 33183

**New Principal Place of Business:**

13532 SW 62 LN  
MIAMI, FL 33183

**Current Mailing Address:**

6502 SW 136 CT  
MIAMI, FL 33183

**New Mailing Address:**

13532 SW 62 LN  
MIAMI, FL 33183

FEI Number: 27-1373581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTINEZ, MADY M  
6502 SW 136 CT  
MIAMI, FL 33183 US

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

MARTINEZ, MADY M  
13532 SW 62 LN  
MIAMI, FL 33183 US

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: MADY

04/30/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILANES, MADY L  
Address: 13532 SW 62 LN  
City-St-Zip: MIAMI, FL 33183

Title: VP  
Name: MARTINEZ, MADY M  
Address: 13532 SW 62 LN  
City-St-Zip: MIAMI, FL 33183

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: MADY L

PRES

04/30/2011

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

\_\_\_\_\_  
Date