

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000035003

Entity Name: CANE HOME CARE, INC.

**FILED**  
**Aug 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

13195 NE 2ND AVE  
MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

13195 NE 2ND AVE  
MIAMI, FL 33161 US

**New Mailing Address:**

FEI Number: 45-2541807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEWART, STEVE W  
13195 NE 2ND AVE  
MIAMI, FL 33161 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  
Name: STEWART, STEVE W  
Address: 13195 NE 2ND AVE  
City-St-Zip: MIAMI, FL 33161 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: STEVE STEWART

P

08/19/2012

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

\_\_\_\_\_  
Date