

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000041834

FILED
Apr 24, 2012
Secretary of State

Entity Name: MOM EXCELLENT CARE INC

Current Principal Place of Business:

7800 NW 179 ST
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

7800 NW 179 ST
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 45-2481984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, YOANI
7800 NW 179 ST
HIALEAH, FL 33015 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: DP
Name: GARCIA, YOANI
Address: 7800 NW 179 ST
City-St-Zip: HIALEAH, FL 33015

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: YOANI GARCIA

DP

04/24/2012

Electronic Signature of Signing Officer or Director

Date