

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000077210

Entity Name: MY GLOBAL CARE, INC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

295 SHORE DRIVE EAST  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

295 SHORE DRIVE EAST  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MENENDEZ, ALEJANDRO  
295 SHORE DRIVE EAST  
MIAMI, FL 33133 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: MENENDEZ, ALEJANDRO  
Address: 295 SHORE DRIVE EAST  
City-St-Zip: MIAMI, FL MIAMI 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: ALEJANDRO M MENENDEZ

P

04/30/2012

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

\_\_\_\_\_  
Date