

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000102183

**Entity Name:** D'LITE CARE INC

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5961 NW 201TH STREET  
MIAMI, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

5961 NW 201TH STREET  
MIAMI, FL 33015 US

**New Mailing Address:**

**FEI Number:** 45-3861510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAS, NERY  
20520 NE 13TH CT  
MIAMI, FL 33179 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: PS  
Name: PORTER, DULCE M  
Address: 5961 NW 201 TH STREET  
City-St-Zip: MIAMI, FL 33015 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: DULCE PORTER

P/S

04/16/2012

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

\_\_\_\_\_  
Date