

112

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-30-2007 00382034 ***150.00
P93000069080

DOCUMENT # P93000069080

1. Entity Name

ADVANCE WOMAN'S CARE CENTER, INC.



2007 NOV -5 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07

Principal Place of Business

2742 SW 8TH ST
SUITE 20
MIAMI FL 33135

Mailing Address

2742 SW 8TH ST
SUITE 20
MIAMI FL 33135

2. Principal Place of Business - No P.O. Box #

Suite # 20

3. Mailing Address

Suite 20

Suite, Apt. #, etc.

Miami FL

Suite, Apt. #, etc.

Miami FL

City & State

33135

City & State

33135

Zip

Country

Zip

Country

4. FEI Number 65-0438182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOWDY, DAYANA
18794 NW 80 AVE.
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

Armeira Cedeno

Street Address (P.O. Box Number is Not Acceptable)

9674 NW 10th Avenue

Block 322

City

Miami

FL

Zip Code

33135

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Armeira Cedeno

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/2007

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	GOWDY, DAYANA	
STREET ADDRESS	18794 NW 80TH AVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	V	☐ Delete
NAME	CEDENO, ARMEIRA	
STREET ADDRESS	9674 N.W. 10TH. AVE.	
CITY- ST- ZIP	MIAMI FL 33150	
TITLE	T	☐ Delete
NAME	GOWDY, DAYANA	
STREET ADDRESS	18794 NW 80 AVE	
CITY- ST- ZIP	MIAMI FL 33015	
TITLE	S	☐ Delete
NAME	CEDENO, ARMEIRA	
STREET ADDRESS	9674 N.W. 10TH. AVE.	
CITY- ST- ZIP	MIAMI FL 33150-P	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Armeira Cedeno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/2007

Date

Daytime Phone #

112

OCT. 30th, 2007^{2/2}

Ref# P93 000069080

This letter is to inform I never received the rejection notice, along with the corrected annual report, please waved my Penalty Fee.

Thank you,
Any Questions
Call me @305.6494599

Armena Cedeno