
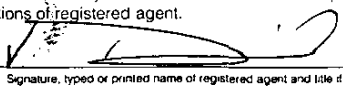
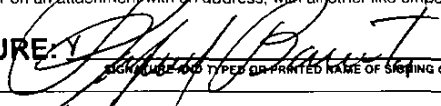


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90130 039 ***150.00

DOCUMENT # P94000060855 1. Entity Name SAN RAFAEL CARE INC.					
Principal Place of Business 15900 S.W. 81ST TERRACE MIAMI, FL 33193			Mailing Address 15900 S.W. 81ST TERRACE MIAMI, FL 33193		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0513350	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BATISTA, RAFAEL T 15900 S.W. 81ST TERRACE MIAMI, FL 33193				7. Name and Address of New Registered Agent Name BATISTA DAVID.. Street Address (P.O. Box Number is Not Acceptable) 15900 SW 81 TERR. City MIAMI FL Zip Code 33193	
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  DAVID BATISTA 3/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME BATISTA, RAFAEL T <input type="checkbox"/> Delete STREET ADDRESS 15900 S.W. 81ST TERRACE CITY-ST-ZIP MIAMI, FL 33193			TITLE PD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME BATISTA DAVID. STREET ADDRESS 15900 SW 81 TERR CITY-ST-ZIP MIAMI - FL 33193		
TITLE STD <input type="checkbox"/> Delete NAME BATISTA, DAVID STREET ADDRESS 15900 S.W. 81ST TERRACE CITY-ST-ZIP MIAMI, FL 33193			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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 another like empowered.					
SIGNATURE 				3/14/06 305-465-7947 <small>Date Daytime Phone #</small>	