

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000006322

Entity Name: MAXI-CARE, INC.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

701-9 N. CONGRESS AVE.
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

701-9 N. CONGRESS AVE.
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-0550464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAGON, RAUL J
701-9 N. CONGRESS AVE.
SUITE 9&10
BOYNTON BEACH, FL 33426 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: ARAGON, RAUL J COB
Address: 43 W CYPRESS RD
City-St-Zip: LAKE WORTH, FL 33467

Title: STD () Delete
Name: COOK, DANA
Address: 6080 PEACHTREE LN
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAUL J. ARAGON

DIR.

01/09/2009

Electronic Signature of Signing Officer or Director

Date