

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90398 049 ***150.00

DOCUMENT # P95000022511

1. Entity Name

CARIDAD NURSE CARE, INC.



Principal Place of Business

175 FONTAINEBLUE BLVD
 SUITE 2 G 11
 MIAMI FL 33172

Mailing Address

175 FONTAINEBLUE BLVD
 SUITE 2 G 11
 MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0568420

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, IRMA C
 3160 N.W. 3RD STREET
 MIAMI FL 33125

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	JORGE, MIGUEL A	
STREET ADDRESS	4221 S.W. 112 COURT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GARCIA, IRMA C	
STREET ADDRESS	3160 N.W. 3RD STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel A. Jorge 3/22/04 (305) 227-6199

Date

Daytime Phone #