2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000025596

1. Entity Name
REBECA HOME CARE, INCORPORATED

Principal Place of Business	Mailing Address
12900 SW 25TH TERRACE MIAMI, FL 33175	12900 SW 25TH TERRACE MIAMI, FL 33175

07142004 No Chg-P OR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0656443

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARTAS, MARLEN
12900 SW 25TH TERRACE
MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARTAS, MARLEN
STREET ADDRESS	12900 SW 25TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/19/04-80014-017 550.00

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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: Marlen Cartas 07-14-04 (305) 229-8822
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — DATE — Daytime Phone #

MARLEN CARTAS, President.