

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90018 019 \*\*\*158.75

**DOCUMENT # P96000028469**

1. Entity Name

L & S HOME CARE, INC.



Principal Place of Business

1455 NW 14 ST  
MIAMI FL 33125  
US

Mailing Address

1455 NW 14 ST  
MIAMI FL 33125  
US

04004516



MOORE

CR2E034 (11/03)

2. Principal Place of Business

4945 SW 74th Ct.

Suite, Apt. #, etc.

3. Mailing Address

4945 SW 74th Ct.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0647274

Applied For

Not Applicable

Zip

33135

Country

Miami - Dade

Zip

33155

Country

Miami - Dade

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, NELSON  
1455 NW 14 ST  
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

Nelson SALAZAR

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

4945 SW 74th Ct.

City

Miami

FL

Zip Code

33155

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

2/2/04

**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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	SALAZAR, NELSON	
STREET ADDRESS	1455 NW 14 ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAZAR, NELSON	
STREET ADDRESS	1455 NW 14 ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

2/2/04

(205) 545-9000