

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000028469

1. Entity Name
L & S HOME CARE, INC.



FILED

05 APR 26 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4945 SW 74TH CT
MIAMI, FL 33155 US

Mailing Address
4945 SW 74TH CT
MIAMI, FL 33155 US

2. Principal Place of Business
7947 NW 2 Street
Suite, Apt. #, etc.
B

3. Mailing Address
7947 NW 2 Street
Suite, Apt. #, etc.
B

04082005 Chg-P CR2E034 (10/03)

City & State
Miami, FL
Zip
33126 Country
USA

City & State
Miami, FL
Zip
33126 Country
USA

4. FEI Number
65-0657274
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, NELSON
4945 SW 74TH CT
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name
Alejandro Mendieta
Street Address (P.O. Box Number is Not Acceptable)
7947 NW 2 Street
City
Miami FL Zip Code
33126

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 reappointing)

DATE

Alejandro Mendieta, President 4/8/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MENDEIETA, ALEJANDRO 7947 NW 2 STREET, B MIAMI, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEIETA, ALEJANDRO 7947 NW 2 STREET, B MIAMI, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Alejandro Mendieta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Alejandro Mendieta 4/8/05 305-545-5600