

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90399 050 ***150.00

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01042006 Chg-P CR2E034 (11/05)

DOCUMENT # P96000028469 1. Entity Name L & S HOME CARE, INC.					
Principal Place of Business 7262 SW 48TH ST MIAMI, FL 33155 US			Mailing Address 7262 SW 48TH ST MIAMI, FL 33155 US		
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 65-0657274				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDIETA, ALEJANDRO 7947 NW 2 STREET, APT B MIAMI, FL 33126			7. Name and Address of New Registered Agent Name MENDIETA, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 7262 SW 48 ST 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 ALEJANDRO MENDIETA PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MENDIETA, ALEJANDRO 7947 NW 2 STREET, APT B MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MENDIETA, ALEJANDRO 7262 SW 48 ST MIAMI FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDIETA, ALEJANDRO 7947 NW 2 STREET, APT B MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDIETA, ALEJANDRO 7262 SW 48 ST MIAMI FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemptions contained 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 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	