


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91788 003 \*\*\*150.00

DOCUMENT # PA6000042110

1. Entity Name Sweet Home Care, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 5920 S.W. 2nd Street Suite, Apt. #, etc.

3. Mailing Address 5920 S.W. 2nd Street Suite, Apt. #, etc.

City & State Miami, FL 33144 Zip 33144 Country U.S.A.

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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-076496 Applied For  Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Alain Torres

Street Address (P.O. Box Number is Not Acceptable) 5920 S.W. 2nd Street

City Miami, FL 33144 State FL Zip Code 33144

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 15-May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>President Alain Torres 5920 S.W. 2nd Street Miami, FL 33144</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034B (12/02)