


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000059306
 1. Entity Name
 CITY HOME CARE, INC.



Principal Place of Business
 238 W FIRST COURT
 KEY LARGO, FL 33037 US

Mailing Address
 PO BOX 370182
 KEY LARGO, FL 33037 US

DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0685431 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 PETIT, LAZARO F
 238 W FIRST COURT
 KEY LARGO, FL 33037

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

U00000088174
 03/15/04-80041-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PETIT, LAZARO F 238 W FIRST COURT KEY LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETIT, ANA 238 W FIRST COURT KEY LARGO, FL
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**TAXPAYER'S COPY
 PREPARED BY
 J.J. PALACIO, P.A.
 CERTIFIED PUBLIC ACCOUNTANT
 I.D. # 05-2289803**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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] 3-12-04 305 453 0526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #