


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000071577 1. Entity Name BAR CARE, INC.					
Principal Place of Business 3968 NW 89TH AVE PH CORAL SPRINGS FL 33065			Mailing Address 3968 NW 89TH AVE PH CORAL SPRINGS FL 33065		
2. Principal Place of Business - No P.O. Box # S.A.A.		3. Mailing Address S.A.A.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 	Country 	Zip 	Country 	4. FEI Number 65-0694852	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIDNER JACQUELINE & BRIGITTE BAROUKH 3968 NW 89TH AVE CORAL SPRINGS FL 33065			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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	P SEIDNER, JACQUELINE 3968 NW 89 AVE CORAL SPRINGS FL 33065		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1101100681930 04/04/07-80065-014 155.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BAROUKH, BRIGITTE 3968 N 89 AVE CORAL SPRINGS FL 33065		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 exemptions contained in Section 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: <u>CAREN BAROUKH</u> CAREN CARMEN BAROUKH 3/10/07-2543448886 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

