

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013263

FILED
Apr 28, 2011
Secretary of State

Entity Name: OLIVINNE'S IN-HOME CARE, INC.

Current Principal Place of Business:

3153 NW 114 AVE.
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3153 NW 114 AVE.
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0727726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKFORD-WILLIAMS, OLIVINNE
3153 NW 114 AVE.
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: BECKFORD-WILLIAMS, OLIVINNE
Address: 3153 NW 114 AVE.
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: P
Name: BECKFORD-WILLIAMS, OLIVINNE
Address: 3153 NW 114 AVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: S
Name: BECKFORD-WILLIAMS, OLIVINNE
Address: 3153 NW 114 AVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: T
Name: BECKFORD-WILLIAMS, OLIVINNE
Address: 3153 NW 114 AVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: OLIVINNE BECKFORD WILLIAMS

S

04/28/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date