

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90008 023 ***150.00

DOCUMENT # P97000019975

1. Entity Name
SWISSTIME CARE, INC.



Principal Place of Business Mailing Address
~~255 ALHAMBRA CIRCLE~~ ~~255 ALHAMBRA CIRCLE~~
~~SUITE 305~~ ~~SUITE 305~~
~~CORAL GABLES FL 33134~~ ~~CORAL GABLES FL 33134~~



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5200 Blue Lagoon Dr. Suite 250 - (Same)
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State 4. FEI Number 65-0745750 Applied For
Miami, Florida Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
33126 FL Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
ROLÓ, ERNESTO SR.
3534 S.W. 143RD COURT
MIAMI FL 33175
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROLO, ERNESTO SR			NAME			
STREET ADDRESS	3534 S.W. 143RD COURT			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33175			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROLO, ERNESTO JR			NAME			
STREET ADDRESS	12410 SW 195 TERR			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33177			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROLO, MELIDA			NAME			
STREET ADDRESS	3534 S.W. 143RD COURT			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33175			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROLO, JANET			NAME			
STREET ADDRESS	12410 SW 195 TERR			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33177			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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: *Ernesto Rolo Jr.* J. Pura. 2/15/07 (305) 441-2988.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #