

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90243 041 ***150.00

DOCUMENT # P97000020466 1. Entity Name BAYMAR ENTERPRISES/CARE CENTER, INC.					
Principal Place of Business 2100 N.W. 107TH AVE. MIAMI, FL 33172			Mailing Address 2100 N.W. 107TH AVE. MIAMI, FL 33172		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0838922	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERRERA, MARIA T 2100 N.W. 107TH AVE. MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE <i>M. Herrera</i> Signature, typed or printed name of registered agent and title if applicable.				DATE 3/21/06 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐		
\$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.		
TITLE VTD - President/Secretary ☐ Delete NAME HERRERA, MARIA T STREET ADDRESS 2100 NW 107TH AVE CITY-ST-ZIP MIAMI, FL 33172			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VT - Treasury ☐ Delete NAME Yolanda Lameas STREET ADDRESS 12331 SW 28 St. CITY-ST-ZIP MIAMI, FL 33175			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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