

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90106 026 ***150.00

DOCUMENT # P97000035573

1. Entity Name

SUN CARE SERVICES OF SOUTH FLORIDA, CORP.



Principal Place of Business

9880 SW 40TH STREET
MIAMI FL 33165

Mailing Address

9880 SW 40TH STREET
MIAMI FL 33165



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0746204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

GONZALEZ, JORGE A
9880 SW 40TH ST
MIAMI FL 33165

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, JORGE A	
STREET ADDRESS	5025 SW 113 CT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OLBERA, OSVALDO J	
STREET ADDRESS	5620 SW 108 COURT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, DAMASO	
STREET ADDRESS	11191 SW 62ND TERR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SANTANA, MARIA E	
STREET ADDRESS	5620 SW 108 COURT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Osvaldo Olbera Vice-President

04-29-2005 (305) 228 1488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #