


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

|   |   |         |  |   |  |   |  |
|---|---|---------|--|---|--|---|--|
| <b>DOCUMENT # P97000041264</b><br>1. Entity Name<br><b>COMFORT CARE CORP.</b>   |   |         |  |    |  | <b>FILED</b><br><b>04 OCT -8 PM 12:24</b><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b> |  |
| Principal Place of Business<br><b>5890 SW 8TH STREET</b><br><b>MIAMI, FL 33144</b>  |   |         |  | Mailing Address<br><b>5890 SW 8TH STREET</b><br><b>MIAMI, FL 33144</b>  |  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |         |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |   |  |
| City & State  |   |         |  | City & State  |  |   |  |
| Zip   |   | Country |  | Zip   |  | Country   |  |
| 6. Name and Address of Current Registered Agent<br><b>VALDES, ORLANDO</b><br><b>5890 SW 8 STREET</b><br><b>MIAMI, FL 33144</b>  |   |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |         |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 8, 2004</b>   |   |         |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |         |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>VALDES, ORLANDO DR.</b><br><b>9551 SW 56 CT</b><br><b>MIAMI, FL 33156</b> <input type="checkbox"/> Delete |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center; font-weight: bold;"> <b>800041709678</b><br/> <b>10/08/04--01029--005 **150.00</b> </div> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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. |   |         |  |   |  |   |  |
| <b>SIGNATURE:</b> <i>Orlando J. Valdes</i>  |   |         |  | Date: <i>10/05/04</i>   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |         |  | Daytime Phone #   |  |   |  |

2052

**Comfort Care Corp.**  
**5890 SW 8<sup>th</sup> ST**  
**Miami, FL 33144**  
**Ph: (305) 266-0284**

**October 04, 2004**

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**To Whom It May Concern:**

**We did not receive notice of this annual report being due by May 1,  
pursuant to 607.193(1)(b), Florida Statutes.**

**If you have any question, please fee free to contact me.**  
**Thank you,**

*Orlando J. Valdes*  
**Orlando J. Valdes**