

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000041264

Entity Name: COMFORT CARE CORP.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5890 SW 8TH STREET  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

1506 COLLINS AVE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 65-0780242

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALDES, ORLANDO  
9551 BANYAN DRIVE  
CORAL GABLES, FL 33156 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: VALDES, ORLANDO  
Address: 9551 SW 56 CT  
City-St-Zip: MIAMI, FL 33156

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: ORLANDO VALDES

D

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date