


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000055996	
1. Entity Name SENIOR'S LOVING CARE I, INC.	

Principal Place of Business 9830 S.W. 80TH DRIVE MIAMI, FL 33173	Mailing Address 9830 S.W. 80TH DRIVE MIAMI, FL 33173
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0844896	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VELASQUEZ, ROSARIO R 9830 SW 80TH DRIVE MIAMI, FL 33173
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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: <i>Rosario Velasquez</i> <i>Residente</i> <i>ROSARIO VELASQUEZ</i>	DATE
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000112672 04/14/04-80032-007 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST VELASQUEZ, ROSARIO F 9830 S.W. 80TH DRIVE MIAMI, FL 33173
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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: <i>Rosario Velasquez</i> <i>ROSARIO VELASQUEZ</i>	Date	Daytime Phone #
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR