

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000003572	
1. Entity Name NEWPORT HOME CARE, INC.	

Principal Place of Business 2811 CLEVELAND STREET HOLLYWOOD, FL 33020	Mailing Address 2811 CLEVELAND STREET HOLLYWOOD, FL 33020
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04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0888278	Applied For ☐ NOT APPLICABLE
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits the 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 the X approval) (NOTE: Registered Agent's signature required when relocating) DATE _____

FILE NOW!!! PER IS \$150.00
After May 1, 2006 Fee will be \$800.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSRD WARD, PAMELA 2811 CLEVELAND STREET HOLLYWOOD, FL 33020
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U00000528803
05/05/06-80054-021 \$50.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: *Pamela Ward* **PAMELA WARD** 4/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone