

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000034301

FILED  
Jul 06, 2004  
Secretary of State

Entity Name: FINANCIAL HOMECARE SERVICES, INC.

## Current Principal Place of Business:

7991 JOHNSON ST  
#C  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

7991 JOHNSON ST  
#C  
PEMBROKE PINES, FL 33024

## New Mailing Address:

FEI Number: 65-0914177      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, JUAN A  
7991 JOHNSON ST  
SUITE C  
PEMBROKE PINES, FL 33024 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title:	DVP	( ) Delete
Name:	LONGBARDI, HENRY A	
Address:	2430 SW 81ST AVENUE	
City-St-Zip:	DAVIE, FL 33324	
Title:	DS	( ) Delete
Name:	LOPEZ, ANNE M	
Address:	18590 SW 7TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	DP	( ) Delete
Name:	LOPEZ, JUAN A	
Address:	18590 SW 7TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33029	

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DVP	(X) Change ( ) Addition
Name:	LONGBARDI, HENRY A	
Address:	18862 NW 23RD STREET	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JUAN A LOPEZ

DP

07/06/2004

Electronic Signature of Signing Officer or Director

Date