2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 28, 2005 8:00 am Secretary of State

1. Entity Nam			3 BLE CARE, INC.				01-28-200	05 90035 (009 ***15	50.00
Principal Plac	e of Business	N	lailing Address							
10649 BRIGHTON HILL CIR N Jacksonville, FL 32256			10649 BRIGHTON HILL CIR N Jacksonville, Fl 32256					5	0007	986
2. Principal Place of Business		3.	3. Mailing Address							
Suite, Apt. #, etc.		!	Suite, Apt. #, etc.			01252005	Chg-P	CR2E	034 (10/03)	
City & State	e		City & State			4. FEI Numb				oplied For
Zip	Country		Zip . ~	Country	、		of Status Desired		\$8.75 Add	ditional
· ·	6. Name and Addr	ess of Current Regis	stered Agent			7. Name and	Address of New	Registered	Fee Require	0
				Name					- Bann	
RAMIREZ, DUVAN 10649 BRIGHTON HILL CIR N			Street	Street Address (P.O. Box Number is Not Acceptable)						
	VILLE, FL 32256	.,								
				City				FL	Zip Cod	8
8. The above the obligat	named entity submits to	his statement for the	purpose of changing its re	egistered office	or register	ed agent, or bo	th, in the State of	Florida, I am	familiar with,	and accept
SIGNATURE_	•									
SIGNATURE	Signature, typed or printed name	e of registered agent and title	if applicable. (NOTE: F	Registered Agent sign	alure required	when reinstating)		DATE		
FIL	Signature, typed or printed name E NOWIII FEE IS ay 1, 2005 Fee wi	\$150.00	if applicable. (NOTE: F 9. Election Campaign Trust Fund Contrib	n Financing	\$5.	.00 May Be		DATE		
FIL After Ma	E NOWIII FEE IS ay 1, 2005 Fee w	\$150.00	9. Election Campaigr Trust Fund Contrib	n Financing bution. [\$5.	.00 May Be ed to Fees	CHANGES TO O		D DIRECTOR	S IN 11
After Ma	E NOWIII FEE IS ay 1, 2005 Fee w	\$150.00 III be \$550.00 DFFICERS AND DIRE	9. Election Campaigr Trust Fund Contrib	n Financing pution. [\$5.	.00 May Be ed to Fees	CHANGES TO O		D DIRECTOR: ☐ Change	S IN 11
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CITY-ST-ZIP

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.

01-26-05

(404)219-3292

DHIRPS,

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: