## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 29, 2007 08:00 Al **DOCUMENT # P99000064498 Secretary of State** 1. Entity Name TERÉSITA HOME CARE, INC. Principal Place of Business Mailing Address 4840 SW 89 PLACE 4840 SW 89 PLACE MIAMI, FL 33165 MIAMI, FL 33165 03262007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0956758 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEON, TERESITA C DO NOT WRITE 4840 SW 89 PLACE MIAMI, FL 33165 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LEON, TERESITA STREET ADDRESS 4840 SW 89TH PLACE City-ST-ZIP MIAMI, FL 33165 TITLE Un0000682159 NAME 04/04/07-00075-001 150.00 STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BILE

12. I hereby certify that the information supplied with this filling does not quality 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 ipport 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: :

NAME STREET ADDRESS CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/07. (3ar)2799196

**FILED**