2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 06, 2005 08:00 AM Secretary of State DOCUMENT # P99000067072 1. Entity Name GRICEL HOME CARE INC. Principal Place of Business Mailing Address 9860 S.W. 32ND STREET MIAMI FL 33165 9860 S.W. 32ND STREET MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0995544 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, GRICEL 9860 S.W. 32ND STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33165 Zip Code City 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete HHE ☐ Change PEREZ, GRICELL NAME NAME U00000289414 04/06/05-80024-020 150.00 9860 S.W. 32ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CLTY-ST-ZIP HILE Change Delete THEF Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP ☐ Delete HILE Addition NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Delete DHE Change DHE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CHY-ST-ZIP

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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 1 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:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAY OFFICER OR DIRECTOR

Date Description 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 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 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 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 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 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 the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corpo