
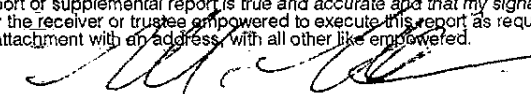


FILED

Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000086985				Feb 04, 2005 08:00 AM Secretary of State	
1. Entity Name ABSENTEE HOME CARE & MAINTENANCE ENTERPRISES, INC.					
Principal Place of Business 729 N.W. 9TH STREET DELRAY BEACH FL 33444		Mailing Address 729 N.W. 9TH STREET DELRAY BEACH FL 33444			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 65-0952927	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALDOVIN, SARAGA & LIPSHY, P.A. 201 N.E. FIRST AVENUE DELRAY BEACH FL 33444			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE:  M. Madnick 2/1/05 7619989889					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					