

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90012 021 ***158.75

DOCUMENT # S03578	
1. Entity Name NATIONAL HOME ATTENDANTS, INC.	

Principal Place of Business 9900 STIRLING ROAD 213 COOPER CITY, FL 33024 US	Mailing Address 9900 STIRLING RD 213 COOPER CITY, FL 33024 US
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2. Principal Place of Business 9850 STIRLING RD. Suite, Apt. #, etc. STE. #100 City & State COOPER CITY, FL Zip 33024 Country BROWARD	3. Mailing Address 9850 STIRLING RD. Suite, Apt. #, etc. STE. #100 City & State COOPER CITY, FL Zip 33024 Country BROWARD
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03222004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0221994	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRANKLIN, BARRY S. 290 N.W. 165TH ST. NORTH MIAMI BEACH, FL 33169	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

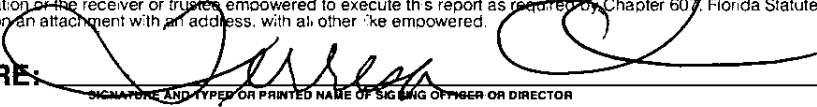
SIGNATURE _____
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent's signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	DP CHIN, TERESA 7501 KISMET ST MIRAMAR, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DP Chiu, TERESA 15384 S.W. 19th Street Miramar, FL 33027 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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 fee empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year