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	Mailing Address
9900 STIRLING ROAD 213 COOPER CITY, FL 33024 US	9900 STIRLING RD 213 COOPER CITY, FL 33024 US

03222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9850 STIRLING RD.	9850 STIRLING RD.
Suite, Apt. #, etc.: STE. # 100	Suite, Apt. #, etc.: STE. # 100
City & State: COOPER CITY, FL	City & State: COOPER CITY, FL
Zip: 33024 Country: BROWARD	Zip: 33024 Country: BROWARD

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

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

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, TERRESA 7501 KISMET ST MIRAMAR, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP Chiu, TERRESA 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
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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. 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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #