


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # S23551	
1. Entity Name A.D. CARE, INC.	

Principal Place of Business 10758 S.W. 24 ST MIAMI, FL 33165-2493 US	Mailing Address 10758 S.W. 24 ST MIAMI, FL 33165-2493 US
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0247907	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MESA, ANA 14241 SW 38 STREET MIAMI, FL 33175

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MESA, ANA 14241 SW 38 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MESA, ENRIQUE F 14241 SW 38 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM MESA, ENRIQUE F 14241 SW 38 STREET MIAMI, FL 33175
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000185068
01/20/05-80051-007 8.75

1100000185068
01/20/05-80051-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/12/05 305-551-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #