

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80490

FILED
Jan 14, 2008
Secretary of State

Entity Name: MIAMI GARDENS CARE CENTRE, INC.

Current Principal Place of Business:

190 NE 191 STREET
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

190 NE 191 STREET
MIAMI, FL 33179 US

New Mailing Address:

FEI Number: 65-0270903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, RICK
190 NE 191 STREET
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KATZ, RICK
Address: 5856 NW 54 CIR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: P () Delete
Name: ALEXANDER, MICHAEL
Address: 3901 CYPRESS LAKE DR
City-St-Zip: LAKE WORTH, FL 33467

Title: S () Delete
Name: ALEXANDER, CHERRI
Address: 3901 CYPRESS LAKE DR
City-St-Zip: LAKE WORTH, FL 33467

Title: T () Delete
Name: KATZ, LAURIE
Address: 5856 NW 54 CIR
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ALEXANDER

P

01/14/2008

Electronic Signature of Signing Officer or Director

Date