

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90023 040 ***158.75

DOCUMENT # V08088

1. Entity Name
H & C RETIREMENT CENTER, INC.



Principal Place of Business
**5605 NW 27TH COURT
LAUDERHILL, FL 33313 US**

Mailing Address
**5605 NW 27TH CT
LAUDERHILL, FL 33313-2307**

54038011



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0345247

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAMRUP, HANSRAM
2834 N.W. 55 AVENUE - 1B
LAUDERHILL, FL 33313**

**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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
RAMRUP, HANSRAM J
5605 W 27TH CT.
LAUDERHILL, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
RAMRUP, RAMCHAND
2834 NW 55 AVE 1B
LAUDERHILL, FL 33313**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RAMRUP, SOMMATTIE
5605 NW 27 CRT
LAUDERHILL, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RAMRUP, DAIRAM
2834 N.W. 55 AVENUE 1B
LAUDERHILL, FL 33313**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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)(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 #

4/19/04