

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90022 014 \*\*\*158.75

**DOCUMENT # V10447**

1. Entity Name

**LIBERTY HOME CARE, INC.**



Principal Place of Business

1840 W. 49TH ST  
STE 509  
HIALEAH FL 33012  
US

Mailing Address

1840 W. 49TH ST  
STE 509  
HIALEAH FL 33012  
US

**54018887**



2. Principal Place of Business  
1840 W. 49 St

3. Mailing Address  
1840 W. 49 St.

Suite, Apt. #, etc.  
SUITE #509

Suite, Apt. #, etc.  
SUITE #509

City & State  
HIALEAH, FL

City & State  
HIALEAH, FL

Zip  
33012

Country  
DADE

Zip  
33012

Country  
DADE

MOORE CR2E034 (11/03)  
65-0629919

4. FEI Number  
~~Incorrect~~ 65-0311788

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MILIAN, ZEOLIDA~~ ZEOLIDA  
2566 W 73RD PLACE  
HIALEAH FL 33016

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MILIAN, ZEOLIDA  
STREET ADDRESS 2566 W 73RD PLACE  
CITY-ST-ZIP HIALEAH FL 33016

TITLE VP ☐ Delete  
NAME SANCHEZ, ALICIA  
STREET ADDRESS 2566 W. 73RD PLACE  
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME MILIAN, ZEOLIDA  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*02/26/2004*