

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90001 023 ***150.00

DOCUMENT # V17417 1. Entity Name A. & A. QUALITY HOME CARE, INC.			
Principal Place of Business 2020 NE 163 ST 201 N. MIAMI BEACH, FL 33162 US		Mailing Address 2020 NE 163 ST 201 N. MIAMI BEACH, FL 33162 US	
2. Principal Place of Business - No P.O. Box #1807 1747 VAN BUREN ST Suite, Apt. #, etc. #1007 HOLLYWOOD, FLA 33020 City & State HOLLYWOOD, FLA 33020 Zip Country 33020 US		3. Mailing Address P.O. BOX 277735 Suite, Apt. #, etc. MIRAMAR, FLA City & State FLA Zip Country 33027 USA	
4. FEI Number 65-0318738		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, JERRY 1301 SW 142 AVE #H107 PEMBROKE PINES, FL 33027		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: <u><i>Joyce Allen, V.P.</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>7/2/07</u>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, JOYCE 633 NE 167 ST 318 N MIAMI BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, JOYCE P.O. BOX 277735 MIRAMAR, FLA 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, JERRY 633 NE 167 ST 318 N MIAMI BCH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN JERRY P.O. BOX 277735 MIRAMAR, FLA 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Joyce Allen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		V.P. <u>7/2/07</u> <small>Date Daytime Phone #</small>	