

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # V51180

1. Entity Name
UTOPIA HOME CARE OF FLORIDA, INC.



Principal Place of Business
**215 SECOND AVE N
SAINT PETERSBURG, FL 33701 US**

Mailing Address
**60 EAST MAIN ST
KINGS PARK, NY 11754 US**



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2635043

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEAR, ROBERT L.
2605 ENTERPRISE ROAD EAST, #110
CLEARWATER, FL 34619**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	MARTINEZ, MANUEL F.
STREET ADDRESS	60 E. MAIN STREET
CITY - ST - ZIP	KINGS PARK, NY
TITLE	ST
NAME	MARTINEZ, ANGELINA
STREET ADDRESS	60 E. MAIN ST.
CITY - ST - ZIP	KINGS PARK, NY
TITLE	VP
NAME	MARTINEZ, MANUEL G
STREET ADDRESS	60 EAST MAIN STREET
CITY - ST - ZIP	KINGS PARK, NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/15/06-80002-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/15/06** Daytime Phone #