

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043865

Entity Name: ROSAIRE'S QUALITY CARE INC.

Current Principal Place of Business:

540 NW 165TH STREET ROAD
SUITE 305-A
NORTH MIAMI BEACH, FL 33169

Current Mailing Address:

128 NE 184TH TERRACE
MIAMI GARDENS, FL 33179

FEI Number: 68-0499623

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OLIVIER, ROSAIRE C
128 NE 184TH TERRACE
MIAMI GARDENS, FL 33179 US

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

Officer/Director Detail :

Title P
Name OLIVIER, ROSAIRE C
Address 128 NE 184TH TERRACE
City-State-Zip: MIAMI GARDENS FL 33179

Title VP
Name OLIVIER, AGLYAU
Address 128 NE 1814 TERRCE
City-State-Zip: MIAMI GARDENS FL 33179

I hereby 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 all other like empowered.

SIGNATURE: ROSAIRE C OLIVIER

PRESIDENT

03/22/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date