

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000055481

**Entity Name:** FAYE CARES INC

**Current Principal Place of Business:**

8606 BRIDLE PATH CT  
DAVIE, FL 33328

**Current Mailing Address:**

8606 BRIDLE PATH CT  
DAVIE, FL 33328

**FEI Number:** 47-1209213

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FOGIELGARN, FAYE  
8606 BRIDLE PATH CT  
DAVIE, FL 33328 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 FOGIELGARN, FAYE  
Address 8606 BRIDLE PATH CT  
City-State-Zip: DAVIE FL 33328

*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:** FAYE FOGIELGARN

**PRESIDENT**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date