

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000067442

**Entity Name:** PROPERTY CARE INC.

**Current Principal Place of Business:**

1415 W OAK STREET  
UNIT 421432  
KISSIMMEE, FL 34742

**Current Mailing Address:**

PO BOX 421432  
KISSIMMEE, FL 34742

**FEI Number:** 38-3937962

**Certificate of Status Desired:** No

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

MANAGED ACCOUNTING SERVICES, LLC  
1415 W OAK STREET  
UNIT 421432  
KISSIMMEE, FL 34742 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            MARTINEZ, RAFAEL  
Address        PO BOX 421432  
City-State-Zip: KISSIMMEE FL 34742

*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:** RAFAEL MARTINEZ

**PRESIDENT**

**04/29/2016**

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

\_\_\_\_\_  
Date