

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000083912

**Entity Name:** ABSOLUTE HOME CARE SOLUTIONS INC.

**Current Principal Place of Business:**

10347 CROSS CREEK BLVD  
STE A3  
TAMPA, FL 33647

**Current Mailing Address:**

27644 PLEASURE RIDE LOOP  
WESLEY CHAPEL, FL 33544 US

**FEI Number: 84-3829326**

**Certificate of Status Desired: No**

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

DANIELS, GARY  
27644 PLEASURE RIDE LOOP  
WESLEY CHAPEL, FL 33544 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            DIR  
Name            RAIA, DEBBIE  
Address        27644 PLEASURE RIDE LOOP  
City-State-Zip: WESLEY CHAPEL FL 33544

*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: DEBBIE RAIA** \_\_\_\_\_

**DIR**

**04/07/2022**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date