

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000041041

**Entity Name:** ACAP CARE CORP

**Current Principal Place of Business:**

14195 SW 87 STREET  
B 315  
MIAMI, FL 33183

**Current Mailing Address:**

14195 SW 87 STREET  
B 315  
MIAMI, FL 33183

**FEI Number:** 88-2680267

**Certificate of Status Desired:** No

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

PADRON, ALIOSKA  
14195 SW 87 STREET  
B 315  
MIAMI, FL 33183 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 PADRON, ALIOSKA  
Address 14195 SW 87 STREET, APT B 315  
City-State-Zip: MIAMI FL 33183

*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:** ALIOSKA PADRON

**PRESIDENT**

**02/26/2024**

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

\_\_\_\_\_  
Date