

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000025208

**Entity Name:** FATIMA HOME CARE, INC.

**Current Principal Place of Business:**

1454 S.W. 1 STREET  
SUITE 120  
MIAMI, FL 33135

**Current Mailing Address:**

1454 S.W. 1 STREET  
SUITE 120  
MIAMI, FL 33135 US

**FEI Number:** 65-0743407

**Certificate of Status Desired:** Yes

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

BARREIRO, ZORAIDA A.  
1454 SW 1 STREET  
SUITE 120  
MIAMI, FL 33135 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            PRESIDENT, TREASURER  
Name            BARREIRO, ALICIA P  
Address        1454 SW 1 STREET  
                  SUITE 120  
City-State-Zip: MIAMI FL 33135

Title            VP, SECRETARY  
Name            BARREIRO, ZORAIDA A  
Address        1454 S.W. 1 STREET  
                  SUITE 120  
City-State-Zip: MIAMI FL 33135

Title            DIRECTOR, CEO  
Name            BARREIRO, BRUNO ARTHUR  
Address        1454 S.W. 1 STREET  
                  SUITE 120  
City-State-Zip: MIAMI FL 33135

*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:** BRUNO BARREIRO

CEO

03/30/2022

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

\_\_\_\_\_  
Date