

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90121 049 ***150.00

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1. Entity Name
A1A CARE CENTER, INC.

Principal Place of Business
5745 NW 112 TERRACE
HIALEAH, FL 33012-2573

Mailing Address
5745 NW 112 TERRACE
HIALEAH, FL 33012-2573

60012652

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01302007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
30-0035293

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

J. GARCIA AND ASSOCIATES, PA
4801 S UNIVERSITY DR 302
FORT LAUDERDALE, FL 33328

7. Name and Address of New Registered Agent

Name **J. Garcia and Associates, PA**
 Street Address (P.O. Box Number is Not Acceptable)
7850 N.W 146 ST, Suite 402
 City **Miami Lakes** FL Zip Code **33016**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
 NAME **LOPEZ, JUANA**
 STREET ADDRESS **5745 NW 112 TERRACE**
 CITY-ST-ZIP **HIALEAH, FL 33012573**

TITLE **D** Delete
 NAME **LOPEZ, LUIS**
 STREET ADDRESS **5745 NW 112 TERRACE**
 CITY-ST-ZIP **HIALEAH, FL 33012573**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Juana Lopez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/31/07** Daytime Phone #