


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000010653**

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**



01292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**30-0035293**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**J. GARCIA AND ASSOCIATES, PA**  
**7850 N.W. 146 STREET STE 402**  
**MIAMI LAKES, FL 33016**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000899768

04/23/08-80002-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LOPEZ, JUANA
STREET ADDRESS	5745 NW 112 TERRACE
CITY-ST-ZIP	HIALEAH, FL 330122573
TITLE	D
NAME	LOPEZ, LUIS
STREET ADDRESS	5745 NW 112 TERRACE
CITY-ST-ZIP	HIALEAH, FL 330122573
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 **4/14/08** **305-450-1775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #