

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90059 050 \*\*\*150.00

DOCUMENT # P98000069661  
1. Entity Name  
**E. A. B. HOME CARE, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**9800 W. BAY HARBOR DR. #406**  
Suite, Apt. #, etc.  
City & State  
**BAY HARBOR ISLAND FL**  
Zip  
**33154** Country  
**USA**

3. Mailing Address  
**1501 SW 16 AVE**  
Suite, Apt. #, etc.  
City & State  
**MIAMI FL**  
Zip  
**33145** Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0856422** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
~~ELSA A. BLANCO~~  
Street Address (P.O. Box Number is Not Acceptable)  
~~9800 W. BAY HARBOR DRIVE #406~~  
City  
**BAY HARBOR ISLAND FL** Zip Code  
**33154**

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.

SIGNATURE: *X Elsa A. Blanco* **ELSA A. BLANCO, PRES.** **4/25/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D P BLANCO, ELSA A. 9800 W. BAY HARBOR DR #406 BAY HARBOR ISLAND, FL 33154</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Elsa A. Blanco* **ELSA A. BLANCO** **4/25/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)