# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 18, 2004**
**Secretary of State**

DOCUMENT# P01000064908

**Entity Name:** AFFORDABLE @ HOME HEARING AID SERVICES, INC.

**Current Principal Place of Business:**

3639 SW 99 AVE, APT #1
MIAMI, FL 33165

**New Principal Place of Business:**

8870 SW 40TH ST
7
MIAMI, FL 33165

**Current Mailing Address:**

8870 SW 40 ST
7
MIAMI, FL 33165

**New Mailing Address:**

3220 SW 97TH CT
MIAMI, FL 33165

**FEI Number: 65-1118058** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FARIAS, TERESITA
3639 SW 99 AVE, APT #1
MIAMI, FL 33165

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

FARIAS, TERESITA
3220 SW 97TH CT
MIAMI, FL 33165

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: TERESITA FARIAS 02/18/2004
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: FARIAS, TERESITA
Address: 3639 SW 99 AVE, APT #1
City-St-Zip: MIAMI, FL 33165

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: FARIAS, TERESITA
Address: 3220 SW 97TH CT
City-St-Zip: MIAMI, FL 33165

Title: VD ( ) Change (X) Addition
Name: DIAZ, JESUS M
Address: 3220 SW 97TH CT
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TERESITA FARIAS PD 02/18/2004
Electronic Signature of Signing Officer or Director Date