

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064908

FILED  
Feb 28, 2008  
Secretary of State

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

**Current Principal Place of Business:**

8870 SW 40TH ST  
7  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

8870 SW 40TH ST  
7  
MIAMI, FL 33165

**New Mailing Address:**

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  
3220 SW 97TH CT  
MIAMI, FL 33165 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FARIAS, TERESITA  
Address: 8870 SW 40TH ST STE 7  
City-St-Zip: MIAMI, FL 33165

Title: VD ( ) Delete  
Name: DIAZ, JESUS M  
Address: 8870 SW 40TH ST STE 7  
City-St-Zip: MIAMI, FL 33165

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

02/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date