2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P05000024297 1. Entity Name CASA HERMINDA HOME CARE, INC							06 90325 047 ***	*150.00
Principal Plac	e of Business	Mailing Address	Mailing Address		A O	021220		
		120 APACHE STREET	=		40	0120		
			MIAMI SPRINGS, FL 33166					
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2. Principal F	face of Business	3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04182006	Chg-P	CR2E034 (11/0	5)
City & State		City & State	City & State		4. FEI Numb	3475	17	Applied For
Zip Country		Zip	Zip Country			of Status Desired	□ \$8.75	Not Applicable Additional
	6. Name and Address of Curren	t Panistered Agent	nistered Agent				Fee Required Agent	uired
o. Hairo and Addison of Odifain Inagistated Agent				Name	r. Raine and	Addiess of Hew	Kedisteten Wästir	
MARTINEZ, HECTOR 15230 DUNBARTON PLACE			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI LAKES, FL 33016								
			63			1 = .		
				City			FL Zip C	
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 regulatered agent and trille if applicable (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.					\$5.00 May Be Added to Fees		· · · · · · · · · · · · · · · · · · ·	, ,
10.	OFFICERS AND DIRECTORS 11				ADDITIONS	CHANGES TO OF	FICERS AND DIRECT	
TITLE NAME	L Delete		TITLE				☐ Chan	ge 🔲 Addition
STREET ADDRESS	SS 15230 DUNBARTON PLACE STE			ET ADORESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE NAME	VD Delete IIIIL MARTINEZ, HECTOR						Chan	je 🔲 Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITLE				Chang	e 🔲 Addition
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City-St-Zip				-ST-ZIP				
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NAME STREET ADDRESS			NAM					
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TITLE		☐ Delete	1014				☐ Chang	e 🔲 Addition
NAME STREET ADDRESS			NAM					
CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
	tertify that the information supplied wit	h this filing does not qualify			ined in Chanter 119	Florida Statutos	I further certify that th	a information

GNATURE:

Thereby certify that the information supplied with this information 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 fegal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered 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 attachment with an address.

ACLIVE

**ACLIV

PEO OR PARTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Date

3053012248

Daytime Phone #