

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123889

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Entity Name:** EASY HOME CARE SVCES., INC.

**Current Principal Place of Business:**

1925 E 4 AVE  
4  
HIALEAH, FL 33010

**New Principal Place of Business:**

4690-96 WEST 4TH AVE  
HIALEAH, FL 33012

**Current Mailing Address:**

1925 E 4 AVE  
HIALEAH, FL 33010

**New Mailing Address:**

4690-96 WEST 4TH AVE  
HIALEAH, FL 33012

**FEI Number:** 20-5614068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VILLALOBOS, FELICIA M  
340 EAST 53 STREET  
HIALEAH, FL 33013 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  
Name: VILLALOBOS, FELICIA M  
Address: 340 EAST 53 STREET  
City-St-Zip: HIALEAH, FL 33013

I hereby 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 all other like empowered.

SIGNATURE: FELICIA M VILLALOBOS

PD

04/02/2010

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

\_\_\_\_\_  
Date