

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000043246

**Entity Name:** BELEN HOME CARE, CORP.

**FILED**  
**Jul 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5600 SW 135 AVE  
SUITE # 100  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5600 SW 135 AVE  
SUITE # 100  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PEREZ, STEPHANIE  
5600 SW 135 AVE  
SUITE # 100  
MIAMI, FL 33183 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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: PEREZ, STEPHANIE  
Address: 5600 SW 135AVE SUITE # 100  
City-St-Zip: MIAMI, FL 33193

Title: VP  
Name: RODRIGUEZ, ARA G  
Address: 5600 SW 135 AVE SUIT 100  
City-St-Zip: MIAMI, FL 33193

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: STEPHANIE PEREZ

DPST

07/12/2011

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

\_\_\_\_\_  
Date