

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000002220

FILED
Apr 27, 2012
Secretary of State

Entity Name: HINGSA PROFESSIONAL CARE SERVICES, INC.

Current Principal Place of Business:

5077 NW 7TH STREET, BLDG 4, SUITE 1401
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5077 NW 7TH STREET, BLDG 4, SUITE 1401
MIAMI, FL 33126

New Mailing Address:

FEI Number: 27-1649083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADIZ, ODALYS
5077 NW 7TH STREET, BLDG 4, SUITE 1401
MIAMI, FL 33126 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: DVP
Name: SALAZAR, JOSE A
Address: 5077 NW 7TH STREET, BLDG 4, SUITE 1401
City-St-Zip: MIAMI, FL 33126

Title: DP
Name: CADIZ, ODALYS
Address: 5077 NW 7TH STREET, BLDG 4, SUITE 1401
City-St-Zip: MIAMI, FL 33126

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: ODALYS CADIZ

PD

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date