

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000083739

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** ANA ADULT HOME CARE, CORP

**Current Principal Place of Business:**

21045 SW 124 AVE RD.  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

21045 SW 124 AVE RD.  
MIAMI, FL 33177

**New Mailing Address:**

**FEI Number:** 27-3674770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JASON, ANA  
9931 BAHAMA DR  
CUTLER BAY, FL 33189 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:** P  
**Name:** JASON, ANA  
**Address:** 9931 BAHAMA DR  
**City-St-Zip:** CUTLER BAY, FL 33189

**Title:** VP  
**Name:** JASON, JOEL  
**Address:** 9931 BAHAMA DR  
**City-St-Zip:** CUTLER BAY, FL 33189

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:** ANA JASON

P

04/01/2011

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

\_\_\_\_\_  
Date